



NORTHUMBERLAND COUNTY COUNCIL

ANNUAL REPORT

OF

**THE COUNTY
MEDICAL OFFICER
OF HEALTH**

FOR THE YEAR

1972





NORTHUMBERLAND COUNTY COUNCIL

ANNUAL REPORT

OF

**THE COUNTY
MEDICAL OFFICER
OF HEALTH**

FOR THE YEAR

1972

HEALTH COMMITTEE, 1972

Chairman:

Councillor Mrs. B.N. Lyndon Skeggs, J.P.

Vice-Chairman:

Councillor A. R. Johnston

Aldermen:

Allan, Mrs. M.

Briggs, A., O.B.E.

Garrow, Sir Nicholas, O.B.E.

Hudson, Mrs. A.

Richardson, Mrs. J.

Sharp, Mrs. J.

Councillors:

Baglee, J. H.

Bond, Mrs. S. G.

Chapman, S.

Cowey, Mrs. S.

D'Ambrumenil, C. H.

Dixon, N. J.

Dodds, Miss E.

Faith, Mrs. S.

Fawcett, J.

Gibson, G. W.

Hampton, P.

Howe, Mrs. M. M.

Johnston A. R.

Lyndon Skeggs, Mrs. B. N.

McFayden, J. A.

May, J.

Moore, J. S.

Murray, F. J.

Patterson, J. W., M.B.E.

Rawes, R. W.

Smith, Mrs. M.

Tait, J.

Tate, Mrs. J.

Wrangham, Mrs. A. E. H.

Co-opted Members:

Birkett, J.

Hardy, Mrs. W.

Paulin, Mrs. J. S. C.

Simpson Brass, Dr. A. McK.

Slack W.

Renton B.

Ex-officio Members:

Alderman The Right Hon. Viscount Ridley, T.D., D.L.

(Chairman of the Council)

Alderman Mrs. J. G. M. Heppell (Vice Chairman of the Council)

Alderman S. T. Pickup (Chairman of the Finance Committee)

Standing Sub Committees:

Finance and General Purposes

Personal Health Services

ADDENDUM

Page 2

For SLACK, W.
 RENTON, B.

Read

"SLACK, W. Renton B."

Page 37

Lines 4b and 4c should be bracketed



Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b29920917>

STAFF OF THE HEALTH DEPARTMENT

County Medical Officer and Principal School Medical Officer	J. B. Tilley, O.B.E., M.D., B.S., B.Hy., D.P.H., F.F.C.M.
Deputy County Medical Officer	W. Minns, M.B.E., T.D., M.B., B.S., B.Hy., D.P.H., M.F.C.M.
Senior Medical Officer	G. M. Cubie, M.B., Ch.B., D.P.H., M.F.C.M.
Senior Assistant Medical Officer for Child Health	Blanche Sykes, M.R.C.S., L.R.C.P., D.P.H., M.F.C.M.
Senior School Medical Officer	Sybil A. B. Ward, M.B., B.S., D.P.H., M.F.C.M.
Senior Assistant School Medical Officer	Marion Harrison, M.B., B.S., D.P.H.
Area Executive Medical Officers—	
North Area	I. G. P. Fraser, M.B., Ch.B., D.P.H., M.F.C.M.
East Area	A. Donaldson, M.B., Ch.B., D.P.H., M.F.C.M.
South Area	H. C. T. Smith, M.B., Ch.B., D.P.H., M.F.C.M., D.P.A.
Wallsend Area	J. E. J. Hurman, M.B., B.S., D.P.H., M.F.C.M., D.T.M. & H.
West Area	J. M. McEwan, M.B., Ch.B., D.P.H.
Administrative Assistant	S. Winship
Departmental Medical Officers	Marilyn Archer, B.Sc., M.B., Ch.B. (Commenced 16.3.72) Anne Carruthers, M.B., B.S., D.P.H. (Resigned 31.3.72) Mary J. Danskin, M.B., B.S., D.R.C.O.G., D.P.H. †Nest David, M.B., B.Ch., D.R.C.O.G., B.Sc. F. W. Fordyce, M.B., B.S. †Valerie Hawley, M.B., B.S. †Shirley Jackson, M.D. Margaret Jordon, M.B., B.S. J. F. Mather, B.Sc., M.B., B.S., D.P.H. Margaret H. McKeith, M.B., B.S., D.P.H. †Beatrice M. Noble, M.B., B.S. †Frances A. Potter, B.Sc., M.B., Ch.B., D.C.H. R. B. Smith, M.B., Ch.B. Jean Stevenson, M.B., B.S. J. M. Gilmore, M.D., D.P.H. J. R. Lauckner, M.B., Ch.B., M.R.C.P., F.R.F.P.S. P. O. Leggat, M.D., M.R.C.P. A. R. Somner, M.D., F.R.C.P.E. E. A. Spriggs, D.M., F.R.C.P.
Chest Physicians†	
Principal School Dental Officer:	
C. L. Carmichael, B.D.S., D.P.D., D.D.P.H.R.C.S.	

Staff of the Health Department—*continued*

Deputy Principal School Dental Officer:

T. A. Ireland, L.D.S., (Retired 30.4.72)

E. G. Stuart, B.D.S. (Commenced 1.5.72)

Orthodontist:

G. W. Pettigrew, L.D.S., D.D.O.

Area School Dental Officers:

North Area: S. J. Smithson, L.D.S.

South Area: G. C. J. Long, B.D.S.

East Area: R. S. Ferrell, L.D.S. (Commenced 1.5.72)

E. G. Stuart, B.D.S. (Resigned 30.4.72)

West Area: Helen C. Gent, B.D.S.

Senior School Dental Officers:

H. J. Coombes, L.D.S. (Commenced 1.5.72)

J. F. Horseman, L.D.S. (Commenced 1.2.72)

Patricia Nicholson, L.D.S.

C. A. Nutt, L.D.S. (Commenced 1.5.72)

W. Robson, L.D.S.

R. W. Whittingham, B.D.S.

School Dental Officers:

I. W. Atchison, B.D.S.

P. R. A. Bennett, B.D.S.

G. W. R. Bryant, L.D.S.

C. I. Cousins, B.D.S.

Sheila M. Crute, B.D.S.

Wilma S. Drury, L.D.S.

† Margaret P. Furness, B.D.S. (Commenced 17.4.72)

H. G. Gale, B.D.S. (Commenced 25.9.72)

† Shirley J. Haggie, B.D.S.

† Audrey Hall, L.D.S. (Commenced 2.10.72)

J. F. Horseman, L.D.S.

J. W. K. Lumley, L.D.S.

T. M. Mahadervan, L.D.S.

Margaret I. Matthews, B.D.S.

W. M. Rouse, B.D.S.

I. Stonehouse, L.D.S., B.D.S.

Olive I. Wears, B.D.S.

† Shirley E. Williams, L.D.S.

Dental Auxiliary:

Anne M. Walker

Anaesthetist Consultants:

† W. Bilsland, L.R.C.S., L.R.F.P.S., D.A., F.F.A.R.C.S.

† Gwenda N. Elliott, M.B.B.S., D.A.

† J. B. Gibson, M.B., Ch.B., F.F.A.R.C.S., D.A.

† J. Hamilton, B.Sc., M.B.Ch.B., F.F.A.R.C.S., D.A.

† I. MacPhail, M.B.Ch.B., F.F.A.R.C.S., D.A.

† C. E. Shafto, V.R.D., M.B.B.S., M.R.C.S., L.R.C.P., F.F.A.R.C.S., D.A.

General Practitioners:

† J. K. Adamson, M.B.B.S., M.R.C.S., L.R.C.P.

† G. A. C. Binnie, L.R.C.P., L.R.C.S., L.R.F.P.S., D. Obst. R.C.O.G.

† R. H. Dewar, O.B.E., F.R.C.S., L.R.C.P., L.R.C.S., L.R.F.P.S., L.D.S.R.C.S.

† S. H. Lishman, M.B.B.S.

† J. D. McDonald, M.B.Ch.B.

† J. H. Mitchell, M.B.Ch.B.

† R. P. Robertson, M.B.Ch.B., D.Obst. R.C.O.G.

† R. Scott, M.B.B.S.

† C. G. Sim, M.A., M.B.B.S.

† G. F. G. Woodman, M.B.B.S.

Staff of the Health Department—*continued*

Dental Surgery Assistants: 28	
Dental Laboratory Staff:	
1 Chief Technician	
2 Senior Technicians	
1 Technician	
1 Apprentice Technician	
Director of Nursing Services	Yvette Esme Buckoke, S.R.N., S.C.M., H.V. Cert., Nursing Admin. (Public Health) Cert.
Divisional Nursing Officer	Hilary M. Goodworth, S.R.N., S.C.M., H.V. Cert.
Area Nursing Officers	Ruth Beck, S.R.N., C.M.B. (Part I) H.V. Cert., D.N. (London University) Elvera M. Brown, S.R.N., S.C.M., H.V. Cert., N.D.N. Noel Cowley, S.R.N., C.M.B. (Part I) H.V. Cert. Gladys Saint, S.R.N., S.C.M., H.V. Cert. Sarah E. Short, S.R.N., S.C.M., H.V. Cert. (Commenced 17.7.72)
Nursing Officers (Health Visiting)	Joan Golightly, S.R.N., S.C.M. H.V. Cert. (Commenced 14.8.72) Freda L. Ives, S.R.N., S.C.M., H.V. Cert. (Commenced 1.4.72) Agnes Moore, S.R.N., S.C.M., H.V. Cert. (Commenced 1.4.72) Molly Newbiggin, S.R.N., C.M.B. (Part I) H.V. Cert. (Commenced 1.4.72) Margaret Robson, S.R.N., S.C.M., H.V. Cert. (Commenced 1.4.72)
Nursing Officers (District Nursing) . . .	Joan E. Allen, S.R.N. (Commenced 1.4.72) Ann M. Fowler, S.R.N., S.C.M., N.D.N., N.N.E.B., (Commenced 1.4.72) Audrey Leonard, S.R.N., S.C.M. (Commenced 1.4.72) Elizabeth A. Marshall, S.R.N. (Commenced 1.4.72) Joyce Meenaghan, S.R.N., S.C.M. (Commenced 1.4.72)
Health Visitors	107
Midwives	12
District Nurst/Midwives	38
District Nurses	93
Total Community Nursing Staff	250
County Health Inspector	D. Lister, Cert. S.I.B., F.R.S.H., F.A.P.H.I.
Ambulance Officer	H. Wade, F.I.A.O.

Staff of the Health Department—*continued*

Deputy Ambulance Officer	R. Percy, G.I.A.O.
Station Officers	12
Control Staff	9
Hospital Transport Officer	1
Ambulance Drivers	152
Motor Mechanics	7
Chief Chiropodist	J. Flynn, M.Ch.S., S.R.Ch.
Chiropodists	Vivienne M. Brewis, M.Ch.S., S.R.Ch. (Commenced 4.9.72) S. H. Brown, S.R.Ch. Laura T. Clarke, L.Ch., S.R.Ch. R. W. Davison, M.Ch.S., S.R.Ch. R. J. Falkous, M.Ch.S., S.R.Ch. Patricia Good, M.Ch.S., S.R.Ch. (Commenced 4.12.72) C. Grant, M.Ch.S., S.R.Ch. Ann Haddock, M.Ch.S., S.R.Ch. (Commenced 1.8.72) Sandra A. Hogarth, M.Ch.S., S.R.Ch. J. J. Laws, M.Ch.S., S.R.Ch. †Sheila Redfearn, M.Ch.S., S.R.Ch. †Barbara A. Vernon, M.Ch.S., S.R.Ch. Susan G. Watson, L.Ch., S.R.Ch. Judith M. Wilson, M.Ch.S., S.R.Ch. (Resigned 30.11.72)

†Part Time

CONTENTS

	<i>Page</i>
Health Committee	2
Staff	3
Introduction	8
Vital Statistics	11
Road Safety	14
Infectious Diseases	13
National Health Service Act:—	
Health Centres	16
Care of Mothers and Young Children	
Statistics	17
Child Health Clinics	21
Ante Natal Clinics	23
Family Planning Clinics	24
Cervical Cytology	26
Community Nursing Service	28
Dental Service	38
Vaccination and Immunisation	41
Ambulance Service	42
Prevention of Illness Care and After Care:	
Tuberculosis	44
Mass Miniature Radiography	44
Venereal Diseases	44
Chiropody	46
Health Education	48
Environmental Services:	
Housing	51
Water Supplies	54
Sewerage and Sewage Disposal	55
Clean Air Acts 1956–68	57
Milk and Dairies	59
Ice Cream	63
School Swimming Pools	64
Food and Drugs Act 1955	65
Tables of Statistics	69

To the Chairman and Members of the
Northumberland County Council

Eighty years ago the County Council appointed its first County Medical Officer of Health and since then there has been an unbroken series of yearly reports on the health of the county. The reports outline over the years the changing and improving social circumstances of the community and show that conditions existed in the 1890s which would not be acceptable today.

The first report records that of every 1,000 babies born 160 died before their first birthday, but today we have reduced this figure to 15 as a result of improved standards of living, improved housing, better education, and better standards of medical and nursing care developed over many years. Improvement in midwifery standards began in 1902 when the Council became responsible for the supervision, though not the employment, of midwives, and the part the handywoman played in confinements began slowly to decrease. No facilities existed for medical supervision of school children until 1908, when the first doctor and nurse were appointed, and the growing increase in interest in infant health resulted in the appointment of the first four health visitors in 1916. At that date there were twice as many deaths of children less than 5 years old than there were of people of 65 and over. This state of affairs has, happily, been reversed for many years now and the Council's staff of 250 health visitors, nurses and midwives have played an important part in this change. Their work in 1972 involved 112,000 patients, 400,000 visits, and over 130,000 treatments in health centres and surgeries.

The early reports refer to the high incidence and mortality of the infectious diseases, and the first report shows that these caused no fewer than 745 deaths. Smallpox was prevalent and there were 100 cases in the year. Great stress is placed on the work of preventing the spread of cholera from vessels arriving in the ports and deaths from typhus are recorded in several reports. All this has changed today, for with improved standards and with the unremitting efforts of the doctors and nurses concerned with immunisation, the county has been free from smallpox, diphtheria and poliomyelitis for some years. There were two deaths from measles in 1972 but as immunisation against this disease is more extensively practised epidemics should be prevented and the risks to children's lives eliminated.

Tuberculosis took a great toll at the beginning of the century and the Council began to play a part in combating this disease in 1912. The early arrangements for the treatment of patients were with the Poor Law Hospitals but fifty years ago the Council provided their own sanatorium. Today the ravages of tuberculosis have been so reduced that the disease is no longer a major problem in the county and the sanatorium at Wooley is used almost entirely for non-tuberculous disease.

The need for houses was as great 80 years ago as it is today, but the housing and environmental conditions in many areas were most unsatisfactory and very different from those of the present day. The earliest reports refer to back to back houses, defective and damp, and insanitary houses, defective drainage and unsatisfactory water supplies. Details are given of open drains running through rows of houses in some villages, and of privies and middens which could not be adequately cleansed. The work of the Borough and District Councils over the years, assisted in some schemes by this Authority, has altered this situation beyond recognition. This report shows how in the last 20 years 18,000 houses have been closed by slum clearance and 87,000 new houses and flats have been built since the end of the war. It shows how some £9,000,000 has been spent on sewerage schemes since 1914, and £2,500,000 on water supplies. It is worthy of note that in this widespread and sparsely populated county there are today less than 700 properties without a mains water supply.

This 80th annual report shows that although there were slight rises in the mortality rates which serve as measures of the health of the community, the position was generally satisfactory, though the general death rate was higher than for many years, this being associated with the high incidence of influenza. It shows that the birth rate was the lowest ever recorded in the county: this follows a trend which has continued for several years. Along with this it records a further expansion of the family planning service. Attendances at the Council's family planning clinics have increased from 1,100 in 1965 to 11,000 in 1972.

For several years now there has been an increasing tendency for mothers to have their babies in hospital and in the year under review there were only 81 babies born at home, which means that 99% were born in hospital. We are fortunate that the maternity hospital facilities are so satisfactory, for they have materially affected the fall in infant mortality. The situation calls for close collaboration between the hospital, the family doctor and the community nursing service and the report shows how this is achieved. The close attachment of community nursing staff to family doctors greatly facilitates co-operation, and at the end of the year 216 of the staff were associated with 92 medical practices.

The chiropody service expanded to the stage where there were 50,000 treatments in the year, but there is still a need to increase the number of chiropodists and a laboratory for the production of foot appliances should be provided. Some services go steadily on from year to year and the five thousand persons protected by B.C.G. vaccination against tuberculosis brought the total protected by the scheme to over 100,000. The ambulances carried 268,000 patients which is more than ever before, but the decrease in the number of miles per patient showed that the efficiency of the service continued to increase. All told the services of the Department maintained a high standard and expanded to meet the needs of the community.

This is the penultimate report in this series and it may not be possible to produce the next one quite in this form. From the middle of 1972 members of the staff have been increasingly engaged in the arrangements for the transfer of the Council's services to the new Area Health Authorities. In the light of the facts in this and previous reports the Council may feel satisfied that these services are adequate, and with the great administrative changes which will undoubtedly bring benefit to the National Health Service as a whole it is to be hoped that the sometimes unspectacular services will be fully maintained by the new authorities.

I am indeed grateful to all the members of the staff of the Department for all their hard work and loyal support. I am particularly indebted to Dr. Minns for his direction of the health centre programme and for help in the preparation of this report. The Chairman of the Health Committee has given me unstinting help and support and I thank her and the members of the Committee most sincerely for their continued interest in the Department and the staff.

I am,

Your obedient Servant,

A handwritten signature in dark ink, appearing to read 'A. B. Deery', with a stylized flourish underneath.

County Medical Officer of Health.

Arden House,
Regent Centre,
Gosforth,
Newcastle upon Tyne, NE3 3JF.
Telephone: 859011.

REPORT OF THE COUNTY MEDICAL OFFICER OF HEALTH FOR THE YEAR 1972

VITAL STATISTICS

Population	507,820
Live Births—	
Number	6,856
Rate per 1,000 population	13.5
Illegitimate Live Births (per cent of total live births)	6.2
Still Births—	
Number	71
Rate per thousand total live and still births	10.3
Total live and still births	6,927
Infant Deaths (Under one year)	106
Infant mortality rates—	
Total infant deaths per 1,000 live births	15.5
Legitimate infant deaths per 1,000 legitimate live births	14.8
Illegitimate infant deaths per 1,000 illegitimate live births	25.8
Neo-natal mortality rate (deaths under 4 weeks per 1,000 total live births)	12.0
Early neo-natal mortality rate (deaths under one week per 1,000 total live births)	9.5
Peri-natal mortality rate (still births and deaths under one week per 1,000 total live and still births)	19.6
Maternal Mortality (including abortion)—	
Number of deaths	1
Rate per 1,000 total live and still births	0.14

Population

The estimate of the population of the county made by the Registrar General showed an increase of 2,100 compared with 1971. The natural increase, that is the excess of births over deaths, of 261 was very small and may be compared with a natural increase of 2,300 ten years earlier. The county population has grown by 15% in the past 20 years, and the rate of increase is declining. From 1952 to 1962 the numbers rose by 49,000, and in the next ten years by only 20,000. This situation has been affected by movement out of the county as the industrial picture has changed, and by a decline in the birth rate. Although this is still falling the population situation is stable.

The slow decline in the population of five of the Rural Districts continued, but there were small increases in Belford, Bellingham, Hexham and Morpeth districts.

Birth Rate

There were 672 fewer live births in the county than there were the previous year and the total of 6,856 represented a live birth rate of 13.50 per 1,000 population. This is the lowest birth rate that has ever been recorded in Northumberland and the table on page 71 shows how this fall has gone on steadily for the past ten years apart from 1971. Movement out of the county, the changing age structure of the large overspill estates, and the increasing availability of family planning facilities have all influenced the situation.

Infant Mortality

Infant mortality in the county has fallen steadily over many years and there is little reason to think that the trend will not continue, although it increased slightly to 15.5 per 1000 live births in 1972. This was still below the national rate, a situation which has been maintained for seven years.

Principal Causes of Mortality

The total number of deaths from all causes was 6,595. This was more than in the previous year and the high incidence of influenza in the early part of the year influenced the situation. Deaths from influenza, bronchitis and pneumonia all increased, but the greatest increases in mortality were caused by diseases of the heart and circulatory systems and by cancer. This maintains the trend that has been recorded now for several years and is associated with an increased number of older people in the population. The chief causes are shown in the following table:—

		NUMBER OF DEATHS		
		1972	1971	1970
HEART DISEASE				
Ischaemic Heart Disease		1,842	1,826	1,756
Hypertensive Disease		82	66	89
Others		333	315	346
		2,257	2,207	2,191
MALIGNANT NEOPLASM				
Buccal Cavity, etc.		22	15	28
Oesophagus		34	24	34
Stomach		157	167	138
Intestine		173	161	178
Larynx		9	8	8
Lung, Bronchus		400	357	284
Breast		90	109	96
Uterus		41	47	45
Prostate		31	35	48
Others		326	295	323
		1,283	1,218	1,182
Vascular Lesions of Nervous System		1,046	960	1,024
Bronchitis		329	295	354
Pneumonia		427	417	391
Motor Vehicle and other accidents		194	205	219
Other diseases of Circulatory System		296	269	261
		5,832	5,571	5,622

While the mortality from cancer of other sites has not materially altered in ten years, deaths from cancer of the lung and bronchus have increased by two-thirds in that time, having doubled in the previous ten years. In the present state of our knowledge the only preventive measure that can be advised is the avoidance of smoking, particularly cigarette smoking. Action in this matter remains a matter for the public themselves to decide, but the facts must be made abundantly clear.

The reduction in deaths from accidents was most welcome, and it is encouraging that despite the vast increase in motor traffic in the county mortality from road accidents was no greater than it was ten years ago.

INFECTIOUS DISEASES

Notifications of measles increased again despite the high number of immunisations carried out and reached 2,479 compared with only 473 last year. There was only one notification of whooping cough, the lowest ever recorded, and apart from measles the control of infectious diseases continued to be satisfactory.

The position with measles is disappointing, though the number of cases was appreciably less than in other epidemic years. The report shows that more immunisation against measles was carried out in the year but it appears that we must reach a higher percentage of immune persons in the community before these epidemics can be eliminated.

ROAD SAFETY

Mr. C. H. Cooksley, Chief Constable of the Northumberland Constabulary has kindly forwarded me his report for 1972 on road accidents and the following figures have been taken for the administrative county.

The number of people killed was the lowest for the third year running and totalled 55, of whom 8 were children. The number of accidents increased slightly to 1,745 but this must be expected with the increased number of vehicles on the roads. The improvements on the A1 from Gosforth to Morpeth have again produced better figures and in two years, the number of accidents has been reduced from 97 to 69, the number of persons injured from 173 and 91 and the fatalities from 11 to 1.

NATIONAL HEALTH SERVICE ACTS**Co-operation with Hospital and
Family Doctor Services**

- 7 Health Centres are in operation (1 in temporary premises).
- 13 Family doctors have their surgeries in County-owned clinics.
- 127 Family doctors see their ante-natal patients in County clinics assisted by the Department's Midwives and Health Visitors.
- 31 Health Visitors and 25 Midwives attend ante-natal clinics in practitioners' premises.
- 22 Health Visitors attend child health sessions in practitioners' premises. (In 5 instances a fee is paid by the County Council to the general practitioner for the use of his premises.)
- 62 Family doctors attend County Child health clinics, 19 of which are held in general practice premises.
- 58 Family doctors carry out cervical smears in County clinics.
- 93 Health Visitors and 123 District Nurses are participating in schemes involving 92 general practices.
- 5 Consultant Orthopaedic Surgeons conduct clinics for children in 6 County premises.
- 7 Consultant Ophthalmologists conduct eye sessions in 28 County clinics.
- 2 County I.U.C.D. Clinics are held in hospital premises.

HEALTH CENTRES

Progress during the year was not as fast as had been expected owing to difficulties in the building trade but at Shiremoor a Health Centre for six general practitioners was completed in July and at Cramlington the temporary Health Centre was replaced by a permanent building in the Civic Precinct. In June, eight doctors who had previously consulted in the temporary building, together with a dentist, moved into the new building which has been designed for a new town population of roughly 30,000. Each doctor has a consulting room and examination room and two treatment rooms are available for the use of the nursing sisters who work with the doctors. The dentist has taken possession of two surgeries and, as the year progressed, it was clear that his work would rapidly increase so that he would require a second dentist to assist him. The Local Health Authority services in the Health Centre include child health consultations, family planning advice, a chiropody service for old people, clinics for the treatment of verrucae for school children, refraction clinics, a school dental service and many other services for mothers and children provided by voluntary bodies within the new town.

One of the general practitioners in the Forest Hall area requested surgery accommodation in the Forest Hall clinic and it was possible to complete this in a short time so that he had a consulting room, an office for his receptionist and a waiting room which was shared with the Child Health Service.

The other two Health Centres mentioned in the last report in Whitley Bay and Pegswood were held up but both were open at the time of publication of this report. Planning continued for the 1973/74 programme and meetings were held with general practitioners and the County Architect on sketch plans for the conversion of Ponteland, Morpeth and West Wylam clinics to Health Centres and in preparation for the construction of Health Centres at Denton Park, Allendale and Bellingham.

At the same time as this planning was going on thoughts were given to the future of the temporary building purchased for use, over two years, at Cramlington and it was decided that this should be moved to Corbridge and re-erected to suit the requirements of three family doctors working in that village.

The interest of family doctors in Health Centres continues to increase and there is little doubt that the Long Term Objectives Plan of the Council which envisages the provision of 22 Health Centres in the future will need to be implemented in due course.

CHILD HEALTH SERVICE

Notification and Registration of Births

6,855 births were notified by hospitals, nursing homes and midwives and, of these, only 81 were born at home. Thus nearly 99% of Northumberland babies are born in hospital or nursing home. The total of live and still births registered decreased materially to 6,927 and of these 6,856 were live births. This is equivalent to a birth rate of 13.5 per 1,000 population and the lowest in the history of Northumberland. Although when adjusted for residential qualification, the figure becomes 14.0 compared with 14.8 for England and Wales. In 1971, comparable figures were 15.0 and 16.0

Still Births

There were 71 stillbirths compared with 85, in 1971, so that the stillbirth rate reached its lowest figure ever at 10.3 per 1,000 registered births.

Premature Births

492 births were classed as premature at birth and this is equal to 7.8% of all births.

Comparable figures for the last three years are given in the following table:—

	1970	1971	1972
Premature births per cent of total births	8.0	7.4	7.8
Premature births per cent of total live births	8.1	7.5	7.9
Premature neo-natal deaths per cent of total neo-natal deaths	61.5	62.5	59.8
Premature stillbirths per cent of total stillbirths	67.7	65.9	67.6
Premature babies survived 4 weeks per cent of total premature live births	90.8	91.2	90.0

Illegitimate Births

There was again a small increase in the percentage of illegitimate births, the figure rising from 5.9% to 6.2%. The details of these are shown in tables 4 and 5.

Neo-Natal Deaths

The number of babies who died before reaching the age of one month was 82, 10 more than in 1971. The neo-natal death rate, in consequence, increased from 9.6 to 12.0, the highest figure since 1967.

Peri-natal Mortality

The sum of the early neo-natal deaths (under one week) and stillbirths expressed as a ratio per 1,000 total births is known as the peri-natal mortality rate.

Figures for Northumberland and England and Wales for the past seven years are shown below:—

<i>Year</i>		<i>Northumberland</i>		<i>England & Wales</i>
1966	...	28.1	...	26.3
1967	...	24.1	...	25.4
1968	...	23.1	...	25.0
1969	...	21.7	...	23.0
1970	...	21.2	...	23.0
1971	...	19.2	...	22.0
1972	...	19.6	...	22.0

Infant Deaths

All babies under one year of age

The infant mortality rate for the County has been below that for England and Wales for the past six years and, this year, the comparable figures are 15.5 for Northumberland and 17.00 for the country.

The number of infant deaths was 106 compared with 102 in 1971 and it will be seen from the accompanying table that 62 of these deaths were due to congenital defects or injuries at birth.

	Boroughs and Urb. Districts			Rural Districts			Total		
	M	F	T	M	F	T	M	F	T
Meningococcal Infection				1	—	1	1	—	1
Measles	1	—	1				1	—	1
Other Endocrine etc. diseases ...	1	—	1				1	—	1
Meningitis				1	—	1	1	—	1
Other diseases of nervous system	1	—	1				1	—	1
Other forms of heart disease				—	1	1	—	1	1
Pneumonia	3	1	4				3	1	4
Other diseases of respiratory system	2	1	3				2	1	3
Intestinal Obstruction and Hernia	1	1	2				1	1	2
Congenital Anomalies	17	15	32	7	3	10	24	18	42
Birth Injury, difficult labour etc.	14	4	18	2	—	2	16	4	20
Other causes of perinatal mortality	13	6	19	1	1	2	14	7	21
Symptoms and ill-defined conditions	—	1	1	—	—	—	—	1	1
All Other Accidents	—	3	3	1	3	4	1	6	7
TOTALS	53	32	85	13	8	21	66	40	106

Maternal Mortality

There was one death associated with pregnancy, during the year. Following the post mortem the cause of death was certified as haemorrhage from a ruptured ectopic pregnancy (natural causes).

VITAL STATISTICS
Rates for Northumberland compared with England and Wales

Year	Still Births		Neo Natal Mortality		Early Neo Natal Mortality		Perinatal Mortality		Infant Mortality		Maternal Mortality	
	County	E. & W.	County	E. & W.	County	E. & W.	County	E. & W.	County	E. & W.	County	E. & W.
1966	16.8	15.4	13.5	12.9	11.5	11.1	28.1	26.3	20.1	19.0	0.13	0.26
1967	13.9	14.8	12.5	12.5	10.4	10.8	24.1	25.4	17.6	18.3	0.00	0.20
1968	13.6	14.0	11.5	12.3	9.5	10.5	23.1	25.0	16.5	18.0	0.00	0.24
1969	12.5	13.0	11.5	12.0	9.4	10.0	21.7	23.0	15.6	18.0	0.42	0.19
1970	12.8	13.0	10.9	12.0	8.5	11.0	21.2	23.0	16.1	18.0	0.00	0.18
1971	11.2	12.0	9.6	12.0	8.1	10.0	19.2	22.0	13.6	18.0	0.00	0.17
1972	10.3	12.0	12.0	12.0	9.5	10.0	19.6	22.0	15.5	17.0	0.14	0.15

The number of sessions at the 86 clinics remained steady as they have done for the past 6 years and while there has been a gradual decrease in the total number of attendances for the same period, the number of children attending has remained steady.

Year	No. of Clinics	No. of half-day sessions held	Total No. of children attending	Total attendances
1967	89	5,922	31,928	140,945
1968	87	5,956	31,643	133,331
1969	86	5,930	31,790	128,192
1970	87	5,829	31,528	129,348
1971	88	5,949	30,665	136,688
1972	86	5,995	30,549	124,239

The scheme which started in 1963 for the notification of congenital abnormalities observable at birth continued during the year. The number of children notified during 1972 and details of the malformations are shown below:—

Information are shown below:—				<i>No. of children notified with defects</i>					
<i>Year</i>									
1966	...	...	...	74					
1967	...	...	...	87					
1968	...	...	...	115					
1969	...	...	...	126					
1970	...	...	...	141					
1971	...	...	...	188					
1972	...	...	...	136					
<i>Type of Malformation</i>									
Central Nervous System			...	...	...	...	...	...	38
Eye, Ear	...	...	...	...	...	...	...	...	6
Alimentary system	...	...	...	...	...	...	...	...	18
Heart and great vessels		...	...	...	...	...	...	...	13
Respiratory System	...	...	...	...	...	...	...	...	3
Urogenital System	...	...	...	...	...	...	...	...	21
Limbs	...	...	...	...	...	...	...	...	55
Other skeletal	...	...	...	...	...	...	...	...	14
Other systems	...	...	...	...	...	...	...	...	12
Other malformations		...	...	...	...	...	...	...	8
									188

Distribution of Welfare Foods

This is a service provided by the County Council for the Department of Health at the majority of clinics and also by a postal service from the Food Store in Gosforth. Improvements by the Welfare Foods Order, 1971, have increased the amount of National Dried Milk being supplied while, at the same time, the previous issues of cod liver oil and orange juice have been discontinued and replaced by vitamin drops and tablets.

The table below shows the amount of milk and vitamins issued during the past five years:—

Year	National Dried Milk	Vitamin A & D Tablets	Vitamin A, D & C Tablets	Vitamin A, D & C Drops
	Packets	Packets	Packets	Bottles
1968	42,051	7,052	—	—
1969	33,358	7,891	—	—
1970	30,640	8,706	—	—
1971	40,942	7,023	—	12,332
1972	60,028	2,437	2,879	22,223

CONSULTANT CLINICS

Ophthalmic and orthopaedic consultants employed by the Regional Hospital Board see school children and pre-school children in County clinics. An indication of the number of children seen is given in the figures below:—

<i>Ophthalmic</i>	1972	1971	1970	1969	1968	1967
No. of pre-school children examined	1,342	1,482	1,547	1,648	1,672	1,493
No. of spectacles prescribed	155	166	159	197	239	252
<i>Orthopaedic</i>						
No. of new cases who attended	882	885	888	912	963	908
No. of old cases who attended	1,429	1,452	1,347	1,105	1,131	1,110

In addition, Speech Therapists are available to give advice on pre-school children's problems and during the year, 158 children were treated. A further 28 children were referred to the special Speech Therapy Unit at the Royal Victoria Infirmary and received treatment there.

Ante-Natal and Post-Natal Clinics:

This work is entirely carried out by the family doctors with assistance from the county staff of health visitors and midwives. Much of the work is done in County Clinics and in many rural areas, doctors see their own patients in their surgeries.

As the birth rate dropped to its lowest level ever, the number of expectant mothers attending decreased by nearly 1,000 and the number of attendances by 6,000 compared with 1971.

Figures of ante and post natal supervision are shown below:—

Year	No. of Expectant Mothers attending	Total No. of Attendances
1967	6,628	33,231
1968	6,751	32,571
1969	6,477	32,299
1970	6,768	34,247
1971	6,408	33,543
1972	5,439	27,737

Post-natal supervision continued as in previous years:—

Year	Number of Mothers Attending
1967	2,832
1968	2,773
1969	2,937
1970	2,821
1971	3,066
1972	2,568

Relaxation Clinics

Ante-natal Relaxation Classes are held at 28 clinics and are conducted by physiotherapists or health visitors and midwives who are especially trained.

This remains a popular service and during the year 1,310 women made a total of 8,054 attendances.

Pre-School Play Groups

The department, with the aid of health visitors and voluntary workers, is providing play groups for children who are too young to attend school. This service is supplementary to the private day nurseries which are now supervised and registered by the Social Services Department. The table below shows increases in all figures compared with 1971 with the one exception of the group at Shiremoor clinic which had to be discontinued during the year while building alterations took place there.

PRE-SCHOOL PLAYGROUPS

Clinic	No. of Places Available	No. of Children on Register 31.12.72	No. of Sessions	No. of Priority Children on Register	No. of Attend- ances
Ashington	15	27	66	25	665
Bedlington (Oval) . . .	24	24	76	9	1,596
Blyth	20	105	83	5	1,187
Brunton Park	12	12	36	—	400
Cowpen	18	18	36	1	446
Fordley	12	12	42	80	367
Forest Hall	16	14	33	2	339
Gosforth	12	11	41	30	371
Lemington	20	36	66	59	1,363
Longbenton	12	31	90	30	658
Newbiggin Hall	16	14	38	—	367
Newbiggin-by-the-Sea . . .	20	20	33	—	491
Ponteland	25	23	35	—	560
Prudhoe	10	10	39	—	364
Rothbury	12	12	33	—	258
Seaton Sluice	10	20	58	10	493
South Broomhill	30	31	72	18	1,600
West Wylam	12	12	39	—	437
Widdrington	36	36	40	8	550
Woodlands Park	36	38	38	2	967
TOTAL	368	506	994	279	13,479

FAMILY PLANNING

The Council's first Women's Advisory Clinic was commenced by Dr. Dorothy Dodd in Hexham in 1957 and further pioneering of the service was achieved by the local branch of the Family Planning Association with clinics at Ashington, Berwick and Blyth.

The 1967 Family Planning Act allowed local health authorities to provide services in connection with contraception and financial provision was then accepted by the Council for an expansion of the service.

In 1972, the Family Planning service became available to a large proportion of the county population as especially trained doctors and nurses attended at 34 clinics. This means that the service has doubled in two years and the training of staff to achieve this has required in-service lectures and practical training on a large scale.

The accompanying table shows that during the year eight new clinics were opened and additional sessions were arranged at a further eight places.

2,648 new patients seen last year made 11,904 attendances compared with under 6,000 two years ago.

FAMILY PLANNING SERVICE

Clinics	No. of New* Patients Seen		No. of Attendances			No. of Half Day Sessions		
			Years					
	1971	1972	1970	1971	1972	1970	1971	1972
Acklington	22	—	52	62	—	10	12	—
Alnwick	108	107	254	357	401	23	29	34
Amble	9	25	—	24	91	—	6	12
Ashington	71	172	—	424	906	—	38	64
Bedlington	96	99	438	494	587	43	52	46
Berwick	36	80	—	155	421	—	15	35
Blyth	80	157	—	532	1,083	—	35	71
Brunton Park (Commenced 3.11.72) . . .	—	15	—	—	18	—	—	2
Chapel House	77	80	298	360	378	24	26	35
Cramlington (Commenced 11.9.72) . . .	—	93	—	—	148	—	—	17
Fordley	139	109	613	757	811	47	57	56
Forest Hall	29	85	—	59	295	—	6	19
Gosforth	102	113	260	396	485	31	52	51
Haltwhistle (Commenced 8.9.72)	—	19	—	—	25	—	—	4
Hexham	144	97	439	557	509	55	67	63
Killingworth (Commenced 7.12.72) . . .	—	7	—	—	8	—	—	2
Lemington (Commenced 25.4.72) . . .	—	52	—	—	152	—	—	16
Longbenton	109	107	416	502	403	35	49	54
Morpeth	87	90	218	303	339	25	28	45
Monkseaton	230	204	1,013	1,061	1,045	81	73	86
Newbiggin Hall	80	81	167	306	366	23	35	35
Newbiggin-by-the-Sea (Commenced 7.8.72)	—	9	—	—	14	—	—	4
Ponteland	6	46	—	8	78	—	3	12
Rothbury (Commenced 7.6.72)	—	54	—	—	103	—	—	11
Seaton Delaval	46	58	—	88	205	—	12	19
Seaton Sluice	62	28	171	202	116	24	31	11
Shiremoor	115	108	571	706	697	51	51	51
Throckley	86	70	124	294	305	23	26	26
Wallsend	180	231	617	736	941	54	61	81
West Wylam	23	45	—	34	128	—	5	19
Whitley Bay	67	89	—	147	375	—	13	26
Widdrington (Commenced 28.6.72) . . .	47	51	109	128	179	12	13	21
Willington Quay	—	24	—	—	35	—	—	7
Wooler	72	43	202	269	257	23	23	26
TOTAL	2,123	2,648	5,962	8,961	11,904	584	818	1,061

* Figures not available for 1970.

Advice on contraception by intra-uterine device has also been extended and is now available at Ashington Hospital, Alnwick Infirmary, Berwick Infirmary and at the Newcastle General Hospital. Treatment is provided by consultants at the two major hospitals and by an especially trained doctor who does sessional work for the authority. The annual follow-up of these cases is time consuming for patients and staff and to allow the service to expand at the hospitals it was agreed that follow-up treatment should be available at the Family Planning clinics, by the doctors who attend there. During six months, over 100 women attended County clinics for check up, instead of having to return to the Newcastle General Hospital.

A domiciliary service was introduced in the Wallsend area, during the summer and a doctor and nurse were available to visit patients in their homes and to give advice and treatment when necessary. The success of this experiment will depend, in a great degree, on the interest of the nursing staff in referring to the doctor, cases in need.

In October, the Family Planning Amendment Act became law. This enables local health authorities to provide vasectomy as part of the Family Planning Service. The Council accepted this recommendation and agreed to make financial provision for the service to be available in 1973. Preliminary discussions took place at Newcastle hospitals and similar talks were planned with staff at Ashington and Hexham hospitals.

Cervical Cytology

A joint service for this preventive screening test is provided by family doctors in clinics and as part of the Family Planning service and during the year repeat tests were invited from women who had had their original test five years or more ago.

The service is available at 39 centres throughout the County and nearly 8,000 women were seen and investigated. The results of the tests of those seen at Family Planning Clinics were received from the Public Health Laboratory and seven women were referred for further investigation.

Number of Cervical Smears taken

Clinic	Cytology Clinics	Family Planning Clinics
Acklington	38	—
Allendale	9	—
Alnwick	100	127
Amble	168	10
Ashington	109	262
Bedlington Health Centre	—	150
Berwick	—	111
Blyth	4	260
Brunton Park	4	10
Chapel House	6	301
Cramlington	216	53
Fordley	41	256
Forest Hall	69	65
Gosforth	76	240
Haltwhistle	90	5
Hexham	67	304
Humshaugh	29	—
Killingworth	51	3
Lemington	11	27
Longbenton	430	254
Monkseaton	146	582
Morpeth	197	142
Newbiggin-by-the-Sea	207	3
Newbiggin Hall	29	161
Ponteland	177	40
Rothbury	—	43
Seaton Delaval	—	110
Seaton Sluice	—	81
Seghill	19	—
Shiremoor	—	286
South Broomhill	22	—
Stocksfield	6	—
Throckley	9	127
Tweedmouth	281	—
Wallsend	282	220
West Wylam	181	44
Whitley Bay	—	149
Widdrington	9	124
Willington Quay	51	18
Woodlands Park	88	—
Wooler	41	102
Wark	31	—
TOTAL	3,294	4,670

COMMUNITY NURSING SERVICE

(Miss Y. E. Buckoke)

In the report for last year, emphasis was placed on the efforts which had been made to achieve closer liaison between the three branches of the National Health Service and with the staff of the Social Services Department in preparation for the re-organisation of the health service in 1974. During 1972 the links already established were strengthened and new ones initiated. Every opportunity was taken to keep staff abreast with plans and developments and to foster a positive and enthusiastic outlook. Staff who have worked for the Council for a number of years understandably have some misgivings concerning the impending changes and in addition, the Report of the Committee on Nursing, which was published during the year, whilst generally welcome, contained possible implications for health visitors which has engendered a degree of anxiety amongst this group of staff. Maintenance of morale continued therefore to be of paramount importance.

During the year Miss Y. E. Buckoke, Director of Nursing Services, was awarded one of the Secretary of State's Fellowships at York University to act as a tutor to the National Health Service Integration Courses for senior members of the health professions.

1. Staffing and Recruitment

The following increases were made in staff establishments.

	1971	1972
Health Visitors	109	112
Health Visitor Assistants	12	14
District Nurses	150	159
Care Assistants	9	12

During the year the circular "Aids to the Improved Efficiency in the Local Health Services" was received from the Department of Health and Social Security in which staffing ratios of 1 health visitor : 3000-4600 and 1 district nurse : 2500-4000 population were recommended. The ratios in Northumberland of 1 health visitor : 4515 and 1 district nurse to approximately 3665 compare favourably with national averages but with the high level of attachment schemes further increases are desirable.

At 31st December the staffing position was as follows:—

	<i>In Post</i>
Director of Nursing Services	1
Divisional Nursing Officer	1
Area Nursing Officers	5
Nursing Officers	10
Health Visitors F/T	99
Health Visitors P/T	10(5)
School Nurses F/T	2

District Nurses F/T	93
District Nurses P/T	36(14.50)
District Midwives F/T	12
District Midwives P/T	3(1.50)
District Nurse-Midwives F/T	38
District Nurse-Midwives P/T	2(1)
Health Visitor Assistants P/T	37(14)
Care Assistants F/T	2
Care Assistants P/T	27(10)

(the figures given in brackets relate to whole time equivalent)

The only vacancies were for 6 health visitors.

The turn-over in the health visiting service was approximately 10% and the main source of recruitment continued to be through the Council's grant aided training scheme. Eight students qualified under this scheme and were subsequently appointed to the staff. Eleven students were sponsored for the 1972/73 course of training. As in previous years no difficulty was experienced in recruiting to the other branches of the service.

2. Management Structure

The revised management structure was fully implemented in April with the appointment of the fifth Area Nursing Officer and 6 Nursing Officers and during the year the designations of the Chief and Principal Nursing Officers were changed to Director of Nursing Services and Divisional Nursing Officer respectively. The new structure clearly provides the framework for effective management of the nursing service which can be adjusted in the light of experience. The appointment of the Nursing Officer grade has proved an unqualified success and field staff have commented favourably on the increased support and guidance which they now receive. During the year the Director of Nursing Services, Divisional Nursing Officer, one Area Nursing Officer and all of the Nursing Officers attended appropriate management courses.

3. Family Doctor Attachment Schemes

New attachment schemes were initiated with 7 family doctor practices involving 6 district nurses and 6 health visitors. Some existing schemes were strengthened by the appointment of additional staff and at the end of the year 93 health visitors and 123 district nurses were participating in schemes involving 92 practices. Further schemes for cross boundary visiting were initiated with the County Borough of Tynemouth.

Sixteen practices with their associated nursing and health visiting staff now work from health centre premises and seven practices provide full accommodation in their surgeries for the attached local authority staff.

4. Liaison with Hospitals

In addition to an increase in the direct contact between ward sisters and medical social workers and the field staff in the community concerning individual patients, health visitors attended 664 case conferences in hospitals and district nurses paid 772 visits to hospitals for consultation with nurses, doctors and medical social workers.

The implementation of the revised management structure has facilitated the forging of close links with senior staff from the hospital service and during the year regular meetings were initiated between the Director of Nursing Services and all hospital Chief and Principal Nursing Officers in Northumberland. Links were established between the Area Nursing Officers and Nursing Officers and hospital colleagues at St. George's, Northgate and District, Hexham General and Ashington hospitals and the Alnwick and Berwick Infirmaries. These developments have led to the establishment of excellent relationships, to increased mutual understanding and hence a strong motivation towards the concept of an integrated nursing service.

Eighteen ward sisters and charge nurses from the United Newcastle upon Tyne University hospitals and 3 from the South East Northumberland Group spent one week in the County with community nursing staff, observing the work of the primary care team.

5. Liaison with Staff of the Social Services Department

Considerable progress has been made in the development of co-operation between social workers, health visitors and district nurses, but problems occasionally arise in a few areas, usually due to a lack of understanding of each other's roles, differing interpretation of clients' needs and poor communications. Every endeavour is being made to resolve these stumbling blocks which clearly mitigate against teamwork and the provision of an optimum service for the people of Northumberland. The teamwork which was achieved by the staff of the two departments during the industrial dispute in the coal-mining industry was of a very high order.

6. Midwifery

The following table shows the rapid decline in domiciliary births with 1.2% of births taking place at home in 1972.

	<i>Total live and stillbirths</i>	<i>Home Confinements</i>	<i>Number discharged on or before 48 hrs.</i>
1968	7,270	422	1,145
1969	7,137	253	1,193
1970	7,259	194	1,450
1971	7,613	147	1,443
1972	6,927	81	1,053

Whilst domiciliary midwives participate fully in the ante-natal care of most expectant mothers and undertake post-natal visiting of mothers

and babies discharged from hospital, the employment of 50 full time and 5 part time members of staff with the midwifery qualification to meet this small number of home confinements can only be regarded as a waste of midwifery skill. At the same time there is the inescapable problem of loss of skill due to lack of practice.

The following table shows the number of home deliveries undertaken during the year by the midwives concerned.

<i>Number of cases</i>	<i>Full-time midwives</i>	<i>Full-time District Nurse-Midwives</i>
0	—	27
1-2	2	9
3-5	8	1
6-10	2	1

An integrated midwifery service may resolve many of the problems, but in rural areas the distances involved will preclude the possibility of hospital based midwives undertaking the home care of the very small numbers of ante- and post-natal patients. In several such areas in the County, district nurses have been seconded to undertake the 3 month obstetric course. With teamwork between the family doctor, health visitor and district nurse, it is now clear that the attendance of a midwife is not requisite in these cases and this may therefore be the pattern for the future.

In Ashington the scheme for five midwives and district nurse-midwives to deliver their own booked cases in the general practitioner unit of the hospital has not progressed as only 9 such cases were undertaken during the year compared with 16 in 1971. On the other hand, a scheme in which two midwifery sisters from the same hospital undertake all the midwifery duties in the urban district of Bedlingtonshire (population 27,950) has proved a complete success. There are five family doctor practices in the area, each with full attachment of health visitors and district nurses. The hospital midwifery sisters work in close co-operation with the eleven doctors concerned and the attached local authority staff. No domiciliary births have taken place in this area for several years and the scheme became a practical possibility when the two remaining district nurse-midwives in the area left, one on retirement and the second on promotion.

The decline in domiciliary births has not created problems of under-employment of midwives in the County. With staff changes over the years, mainly due to retirement, the number of full time midwives employed has gradually decreased and those remaining are fully occupied with ante-natal and post-natal duties and the work of cervical cytology and family planning clinics. In spite of the wide geographical areas covered by the midwives and nurse-midwives, the emergency call arrangements based on the Wideopen Ambulance control were not utilised during the year.

7. District Nursing

In 1972 the continuing expansion in every sphere of the district nurse's work was maintained and it is of interest to note that the biggest increase over the figures for 1971 was in the number of patients nursed at home. The total number of treatments given in doctors' surgeries and health centres also increased despite a smaller rise in the total number of patients attending. This could be accounted for by the current trend towards screening and diagnostic tests for certain 'at risk' groups which necessitate each patient attending on more than one occasion and also to the nurses' increasing involvement in immunisation sessions for children and the number attending for treatment of verrucae. In addition it is apparent that once treatment room facilities are available in an area there is a rise in the number of children attending for treatment of minor injuries, stings and bites etc. which do not really warrant the attention of a qualified nurse. Perhaps the aim should be for a reduction in these numbers by arranging for courses in simple first-aid and home nursing for parents.

For many years comment has been made on the involvement of district nurses with the elderly. Prior to the development of attachment schemes, when the work of the district nurse was limited to the care of patients in their own homes over 60% of patients attended were over 65 years of age. It is now of interest to note that the largest number of patients treated in 1972 were in the 5-64 years age group and that a total of 8,677 children under the age of 5 years were attended.

Apart from treatment sessions in health centres and surgeries a number of staff have worked with family doctors in situations outside the surgery, namely influenza vaccination sessions for 50 members of staff at the Newcastle Airport, 71 at a bakery and in the west of the County 30 members of staff in an hotel. In rural areas some patients attend the nurse's home for treatment and where a district surgery is provided the number of treatments given are quite significant. Staff also attended a total of 169 patients in the Council's homes for the elderly as well as in privately owned and voluntary homes. Where necessary, disposable equipment was provided for incontinent patients in these homes as well as for patients being nursed in their own homes.

The trend to employ a higher proportion of State Enrolled Nurses continued and in 1972 the numbers of this grade of staff in the County were 22 full time and 5 part time compared with 14 full time and 2 part time in 1971.

The Marie Curie Memorial Foundation 'Day and Night Nursing Service' continued to provide a night nursing service for patients suffering from cancer in the terminal stage of their illness. This help was given to 76 patients and many others received assistance through the area welfare grant scheme of the Foundation.

In the Wallsend, Tynemouth, Whitley Bay, Blyth, Bedlington and Castle Ward areas, the British Red Cross Society continue to operate a

mobile physiotherapy service for patients in their own homes and the district nursing staff have found this invaluable in complementing their own work in the treatment and rehabilitation of patients.

DISTRICT NURSING STATISTICS

	New Cases visited at home	Total visits	Treatment sessions in surgeries and health centres	New Cases treated in surgeries and health centres	Total Treat- ments	New Cases treated in residential homes	New Cases treated in other places
1968	14,304	318,665	4,813	10,002	29,276	—	—
1969	15,881	320,157	7,825	21,546	54,649	—	—
1970	18,605	335,425	11,896	33,681	84,443	—	—
1971	19,933	347,691	14,827	47,883	110,566	—	—
1972	26,093	388,032	16,862	49,575	130,989	169	572

8. Health Visiting

The revised statistical return for the health visiting service which was introduced in 1972 gives a clearer picture of the work of health visitors than was previously available and the following points relating to the pattern of work are of interest.

i) Visits to pre-school children

The continuing decrease in the number of visits to these children must give rise to some concern. Whilst the excellent use made by mothers of clinic facilities ensures that the majority are seen at regular intervals, it remains true that it is only through observation of the child in the setting of the home that a valid assessment of the overall quality of parentcraft can be made. The improvement in physical standards of care and hence physical health is self evident but with infrequent home visits, deficiencies in care relating to the mental, emotional and social development of the child may pass unnoticed and the opportunity lost to provide appropriate guidance and support. The shift away from the much criticised old-style routine visiting has now perhaps been carried too far.

ii) Visits to persons aged 17—64 years

4,746 persons in this age-group were attended by health visitors during the year and amongst these were patients with mental, emotional and stress problems, the chronic sick and disabled, persons discharged from hospitals, one parent families, those with marital problems, housing problems, unemployed teenagers and single women caring for aged parents.

iii) Visits to the elderly, the mentally handicapped and mentally ill.

There was a marked increase in the number seen in each of these categories compared with previous years. One of the values of the practice age/sex register is the information which it provides for

members of the team concerning the elderly. In those practices where a register has not been provided, some health visitors and district nurses have helped in compiling a comprehensive register of all the elderly who are known to them in order to ensure that those 'at risk' are visited regularly.

iv) Referral by family doctors

In the past concern has been felt at the comparatively small number of persons referred by some doctors to health visitors as this appeared to indicate a limited development of the attachment scheme. Further enquiry with the doctors and health visitors concerned has proved this supposition to be false as in many of the practices there is a high rate of referral from the health visitor to the doctor which clearly demonstrates that she is fulfilling her case-finding role.

v) Consultations at health centres, surgeries and clinics

In addition to individuals seen in the course of home visiting and routine clinic sessions, a total of 14,878 personal consultations were undertaken. A growing number of these take place in surgeries and health centres, some by appointment and some direct referrals from the doctor during surgery sessions. Similarly, the number of persons of all age groups who come to the clinics to seek the advice of the health visitor continues to increase. Health visitors have also recorded the number of telephone consultations with clients and during 1972, 29,216 such calls were made.

vi) Health Education

A total of 2655 health education sessions were undertaken and these followed the same pattern as in previous years with programmes of ante-natal education, talks to school children on topics relating to health including parentcraft courses, menstruation and personal hygiene, family planning, venereal disease, personal relationships, smoking and health and courses for pupils studying for the Duke of Edinburgh Award. Talks and lectures were also given to Mothers Clubs and a variety of organisations including Women's Institutes, Young Wives Clubs, Citizens Clubs, British Legion, St. John's Ambulance Brigade and the Red Cross. One interesting venture was a session undertaken jointly with a representative from the police for parents and their children on the topic 'Never go with Strangers'.

In the School Health Service, health visitors continued to work closely with teaching staff and school medical officers, their involvement relating mainly to the follow-up of problems and health education. In addition to the State Registered nurses a number of State Enrolled Nurses are now employed as assistants to the health visitors. These staff make an invaluable contribution to the service by undertaking the greater part of the routine work in schools and clinics.

The incidence of head infestation continues to remain unacceptably high and strenuous efforts are required to eradicate this

problem. In 1971 out of 60,058 children examined 3,716 were found to be infested and the figure for 1972 was 3,674 cases found out of the 93,176 children examined.

9. Family Planning

The success of health visitors, midwives and district nurses in bringing the family planning facilities provided in the County to the notice of those who would benefit from the service is demonstrated in the growing number who attend the clinics. The programme of practical and theoretical training for midwives and district nurses which was outlined in the report for 1971 has continued and 46 members of staff had completed the course by the end of 1972. Plans were also finalised for all health visitors to attend appreciation courses which are being organised by the Family Planning Association and financed by the Department of Health and Social Security.

Following the survey undertaken by health visitors, midwives and district nurses during 1971 to assess the need for a domiciliary service, a scheme was initiated in July in the Wallsend area. The scheme involves close teamwork by the family planning doctor and the community nursing staff who undertake the case finding and follow-up work.

10. Staff Training and Development

Eleven state registered and four state enrolled district nurses successfully completed the respective courses for the National Certificate in District Nursing. Ten midwives and 6 health visitors attended residential refresher courses and four health visitors the six-week course for fieldwork instructors. A three-month obstetric course was arranged for one district nurse at Hexham General Hospital. In addition to area meetings, central conferences were held regularly for all staff and the subjects covered included National Health Service re-organisation and stoma care. Two visits were arranged for health visitors at Northgate and District Hospital for the mentally handicapped and these proved an outstanding success. Fifty-five health visitors and health visitor assistants undertook training in screening methods for the detection of deafness. In the latter part of the year the first of a series of study days was initiated for the health visitor assistants and a series of six study sessions conducted by the Nursing Officers for all care assistants in the County was commenced. For those working in the north of the County a joint training programme was held in Alnwick Infirmary with nursing auxiliaries employed in the hospital. In one area of the County district nurses were invited to accompany a geriatrician on weekly ward rounds and as in previous years members of staff were invited to attend study days and meetings in a number of hospitals. We are indebted to all the medical and nursing staff who contributed to these programmes.

11. Student Education and Visitors to the County

The increase in the number of students undertaking health visitor training necessitated the designation of 4 additional health visitors as fieldwork instructors. During 1972 the fourteen fieldwork instructors in the County were responsible for the practical training of 13 traditional students and 3 undertaking the diploma course in hospital and community nursing. In addition, 33 health visitor students from various training schools came to the County for one week's alternative fieldwork experience.

As in previous years, visits of observation were arranged for a total of 245 student and pupil nurses from the Royal Victoria Infirmary, the Newcastle General Hospital, Hexham General Hospital, Ashington Hospital, Northgate and District Hospital, St. George's Hospital and Berwick Infirmary. In addition to the visits with district nurses and midwives, tutorial sessions were undertaken for trainee nurses in the 5 hospitals in Northumberland. Four student midwives from Ashington Hospital undertook the required 12-week period of community experience with designated teaching midwives in the County, and a series of lectures were given as laid down in the syllabus of the Central Midwives Board.

Programmes were also arranged for 50 medical students, 72 trainee teachers, midwifery diploma and social work students.

HEALTH VISITING

First Visits

	1969	1970	1971	1972
1) a) 0–1 year	7,242	7,313	7,660	7,227
b) 1–5 years	24,445	22,215	21,377	18,814
Total	<u>31,687</u>	<u>29,528</u>	<u>29,037</u>	<u>26,041</u>
2) a) Persons aged between 5–16 years (excluding those seen in school health service)	—	—	—	897
b) No. in 2a visited at request of G.P.	—	—	—	169
c) No. in 2a visited at request of hospital	—	—	—	7
3) a) Persons aged between 17–64 years	—	—	—	4,746
b) No. in 3a visited at request of G.P.	—	—	—	1,510
c) No. in 3a visited at request of hospital	—	—	—	143
4) a) Persons aged 65 years or over	5,444	6,013	6,484	8,333
b) No. in 4a visited at request of G.P.				2,804
c) No. in 4a visited at request of hospital	2,965	2,998	3,199	267
5) a) Mentally Handicapped	402	432	389	341
b) Mentally ill				444
c) No. in 5a visited at request of G.P.				73
d) No. in 5a visited at request of hospital				14
e) No. in 5b visited at request of G.P.	214	252	229	196
f) No. in 5b visited at request of hospital				25
6) Tuberculosis Households	249	228	189	238
7) Households visited on account of other infectious diseases	163	510	205	413

DENTAL SERVICE

Mr. C. L. CARMICHAEL, B.D.S., D.P.D., D.D.P.H.R.C.S.

Dental inspection and treatment are available for all children under the age of five years and for expectant or nursing mothers from members of the School Dental Service.

Whilst advantage can be taken in the more rural areas of the visit of the mobile dental units, the majority of treatment is carried out in the undermentioned clinics:—

1.	Alnwick	Miss S. M. Crute, B.D.S.
2.	Amble	Mr. C. A. Nutt, L.D.S.
3.	Ashington I	Mr. R. S. Ferrell, L.D.S.
4.	Ashington II	Mr. C. L. Carmichael, B.D.S., D.P.D., D.D.P.H.R.C.S.
5.	Bedlington	Mr. G. W. R. Bryant, L.D.S.
6.	Blyth	Mr. E. G. Stuart, B.D.S.
7.	Cowpen	Mr. H. J. Coombes, L.D.S.
8.	Cramlington	Mr. H. Gale, B.D.S.
9.	Fordley	Mr. W. Robson, L.D.S.
10.	Forest Hall	Mr. G. C. J. Long, B.D.S.
11.	Gosforth	Mrs. M. I. Matthews, B.D.S.
12.	Guide Post	Mr. C. I. Cousins, B.D.S.
13.	Haltwhistle	Mr. I. W. Atchison, B.D.S.
14.	Hexham	Miss H. C. Gent, B.D.S.
15.	Longbenton I	Mrs. P. Nicholson, L.D.S.
16.	Longbenton II	Mrs. A. M. Walker, Dental Auxiliary
17.	Low Willington I	Miss O. I. Wears, B.D.S.
18.	Low Willington II	Mr. P. R. A. Bennett, B.D.S.
19.	Morpeth	Mr. S. J. Smithson, L.D.S.
20.	Newbiggin Hall	Mrs. A. Hall, L.D.S. †
21.	Newburn	Mr. J. W. K. Lumley, L.D.S.
22.	Bellingham C.S. School	Mr. T. A. Ireland, L.D.S. (Retired 30.4.72) Mr. I. W. Atchison, B.D.S. (Commenced 1.5.72)
23.	Ponteland	Mr. G. C. J. Long, B.D.S.
24.	Prudhoe	Mr. W. M. Rouse, B.D.S.
25.	Rothbury	Mr. S. J. Smithson, L.D.S.
26.	Seaton Delaval	Mr. T. M. Mahadervan, L.D.S.
27.	Shiremoor	Mrs. W. S. Drury, L.D.S.
28.	Throckley	Mrs. S. J. Haggie, B.D.S. † Mrs. S. E. Williams, L.D.S. † Mrs. M. P. Furness, B.D.S. †
29.	Tweedmouth	Mr. I. Stonehouse, L.D.S., B.D.S.
30.	Wallsend	Mr. J. F. Horseman, L.D.S.
31.	Whitley Bay	Mrs. W. S. Drury, L.D.S.
32.	Woodlands Park	Mr. W. Robson, L.D.S.
33.	Wooler	Mr. R. W. Whittingham, B.D.S.

† Part-time

Thus all priority classes are able to have a free dental examination in their immediate neighbourhood and, if desired, full comprehensive dental treatment.

1,935 pre-school children were examined during the year and 1,160 were found to require treatment. 1,022 fillings were inserted and 1,123 teeth extracted for this age group, the majority of extractions

being done under General Anaesthesia, 344 General Anaesthetics being administered.

These figures are slightly down from previous years and while care must be taken in interpreting trends from the small number of pre-school children attending, nevertheless some encouraging signs can be reported. The number of pre-school children attending clinics depends very much on parents, doctors, nurses and health visitors referring children to the dentist and pre-school children in many cases only attend if they have obvious decay or pain. The fact that relatively few present themselves at clinics suggests that the impression dental officers have gained this year of a great improvement in pre-school teeth in those areas of Northumberland receiving fluoridated water, is correct. The improvement due to fluoridation is first shown in the young child and many of these children have had the benefit of fluoridated water from birth. To prove whether this subjective impression by dental officers is correct or not, a full survey of all 5-year-old children attending school for the first time, having had fluoridated water from birth, and comparing them with children less fortunate will take place in the autumn term 1974. A list of areas having fluoridated water is as follows:—

Areas and Schools receiving Fluoridated Water

A. Fully fluoridated		B. Partially fluoridated	
		(due to dilution with other sources).	
Acomb	G	Backworth	W
Beaufront	G	Capheaton	W
Bell's Close	W	Coxlodge	W
Belsay	W	Dinnington Village	W
Bingfield	G*	Gosforth and	
Broomley	W	South Gosforth (all schools)	W
Chollerton	G	Haydon Bridge	
Corbridge	G	(Shaftoe)	G
Greenhead	G	Holystone	W
Haydon Bridge	G	Ingoe	W
(Technical School only)		Matfen	W
Heddon-on-the-Wall	W	Shiremoor (all schools)	W
Henshaw	G	South Wellfield	W
Humshaugh	G	Whalton	W
Kirkwhelpington	W		
Lemington (all schools)	W		
Newbiggin Hall (all schools)	W		
Newbrough	G	W — Whittle/Throckley scheme,	
Newburn (all schools)	W	commenced October, 1968	
Ovingham	W	(Optimum level not reliably	
Ponteland/Darras Hall		achieved for first 9 months).	
(all schools)	W		
Prudhoe/Mickley (all schools)	W	G — Gunnerton scheme,	
Stamfordham	W	commenced May, 1969.	
Throckley	W		
Walbottle (all schools)	W	G* — Commencing 1970 only.	
Wall	G		
West Denton (all schools)	W	D — Durham C.W.B. scheme,	
Westerhope	W	commenced September, 1970.	
Whittonstall	D		
Wylam	W	N.B. In rural areas, all children in	
		the school catchment area may	
		not be on mains water at	
		home.	

In spite of this suggested improvement it is still vitally important that medical officers and health visitors in contact with parents at birthday clinics bring to their notice the existence of this service and the fact that a dental examination at the age of 3 years or before is the best introduction for a child to dental care. In this way the child's introduction to dentistry is a painless one often before treatment is necessary and mothers can be advised at this early stage about bad dietary habits, the danger of between meal snacks, what to do about thumb sucking and how to have a positive attitude to Dental Health.

347 expectant and nursing mothers were seen during the year, only 19 needing no treatment. 547 fillings were inserted and 342 teeth extracted during the year for these patients, together with the supply of 121 dentures. The local authority service tends to treat those who have no family dentist and have not regularly looked after their teeth. This, no doubt, is why so many of these patients needed dentures.

VACCINATION AND IMMUNISATION

Diphtheria, Whooping Cough, Tetanus and Poliomyelitis

The protection of babies against these diseases commences at four months and further treatment at six months and twelve months completes the primary protection against all four diseases.

A further booster dose of antigen against diphtheria, tetanus and poliomyelitis is given to children when they enter school.

The figures in Table 14 show a satisfactory year's work and for the second year running an increase of more than 400 completed their preliminary course.

Measles

The vaccine available to protect babies against measles was again available and is normally given at 13 months on completion of the primary course mentioned above. 4,851 babies were protected during the year, an increase of nearly 300 compared with 1971.

German Measles

The campaign to vaccinate against german measles was extended to girls in their 13th and 14th years. 4,240 girls received treatment.

General State of Protection in the County

The Department of Health has published figures showing the protection state of children born in 1970, as on 31st December 1972. The table below shows the figures for England and for Northumberland and it will be seen that County protection is not as good as that for the whole of the country. This is the first time, at least in recent years, that the County figures have not been above the national rates. It seems that the use of the computer in the immunisation programme would be valuable if the levels in the County are to be increased, and consideration has been given to such a project but it will not be possible to proceed until the computer in the new Regional Health Authority becomes available.

	Percentage of Children vaccinated by 31st December 1972 (born in 1970)		
	Whooping Cough	Diphtheria	Poliomyelitis
England	79	81	80
Northumberland	76	77	76

AMBULANCE SERVICE

As in previous years, the work of the service has continued to increase and the strain previously reported on operational staff has been slightly eased by the employment of ten additional day workers who were employed to extend the double manning of vehicles. It has still been necessary to pay overtime to staff to maintain the service.

As previously reported, there is still a continuing rise in the number of patients attending Day Centres and Renal Dialysis Centres at the Newcastle Hospitals and in the latter case, the demands for ambulance transport continues to arise at times when only emergency cover is provided.

	1970	1971	1972
Journeys	53,170	57,259	54,616
Patients	238,627	260,310	268,726
Mileage	1,751,331	1,831,946	1,861,315
Miles per patient ratio	7.3	7.03	6.9

The figures for 1972 show a rise of 8,416 in the number of patients carried and a mileage increase of 29,369.

The average miles per patient ratio showed a further decrease which can be attributed to improved co-ordination between control and stations. During the past year the new Control Centre continued to work well, but in certain areas the detail provided on the Visual Control Panel may have to be changed in the light of experience gained.

A further Telex Machine was installed at Ashington Ambulance Station and is used by Control as a medium for the purpose of passing routine cases for this station and neighbouring stations.

Orders were placed for the following new vehicles:—

- 1 Bedford J. 1 Large Ambulance
- 7 Bedford C.F. Ambulance Van Conversions
- 2 Vauxhall Victor Estate Cars

Nine of these vehicles were delivered by September and the outstanding Bedford J. 1 will be delivered in March, 1973.

The County Ambulance Workshops continue to share joint workshops facilities with the Fire Service. At times the workshop space required by the two services has led to certain difficulties which in the main are due to the continued pressure of vehicle maintenance and repair which must be associated with the high mileage now undertaken by the fleet, which comprises 79 vehicles.

I must again compliment the workshop staff on their efforts to maintain a high standard of workmanship.

Further Entonox Units were introduced at four stations and it is hoped to again extend the number of units held by a further 26 in 1973/74.

During the year, 21 members of staff attended six-week training courses at the North East Ambulance Training School and 6 staff attended two-week refresher courses at this school. Two of the ambulance service instructors were seconded to the training school for a total of 22 weeks during the current year.

In addition, officers of the service have given First Aid lectures and instruction on Mouth to Mouth Emergency Resuscitation to school children, various Women Institutes and Young Wives Groups.

At the request of the County Fire Officer, the ambulance service has provided First Aid Instruction to assist the Fire Service in retraining full-time and part-time firemen.

I am indebted to Mr. J. Henshaw, the County Fire Officer and his Training Staff for providing instruction to all our ambulance staff on safety precautions necessary when attending road accidents involving vehicles carrying dangerous substances. I would also like to thank Mr. A. H. Petty, Casualty Consultant Surgeon and his staff at the Newcastle General Hospital for providing facilities for ambulancemen attending six-week training courses to work in the hospital Casualty Unit and gain additional experience.

Teams from Berwick, Seaton Delaval and Morpeth took part in the County Council's "Knock Out" Competition. The Berwick team were again successful and represented the authority in the Regional Competition. Mr. F. Acheson and Mr. T. Weatherhead went forward to the National Competition and represented No. 2 Region in the Team Test at Stoke Mandeville Hospital, Buckinghamshire.

In the National Safe Driving Competition, 121 driving awards were gained by personnel out of a total of 143 entrants.

The awards gained are as follows:—

25 year Brooch	1
Star Bar to 20 year brooch	2
Special bar to 15 year medal	11
15 year medal	1
15 year consecutive brooch	3
Oak leaf bars	15
Bar to 5 year medal	28
5 year medals	2
Diplomas	58

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Tuberculosis:

The number of new cases of tuberculosis notified was 90 compared with 70 in 1971. The majority of these cases were in men and women over the age of 45 and only four cases of lung tuberculosis were found in children. Deaths from the disease totalled 13 which is identical with last year and compares with the figure of 252 for 1943. This rapid decline in mortality has resulted from modern chemotherapy which is carried out by the Chest Clinic service and the hospitals provided by the Regional Hospital Board. A great deal of the work of the clinics is now concerned with the tracing of contacts and tuberculin skin testing, with subsequent vaccination by B.C.G. vaccine when necessary. The protection of school children is carried out by the school medical officers.

A summary of the year's work is as follows:—

No. offered vaccination if required	7,838
No. refused	594
No. skin tested	6,594
No. showing positive response	1,004
No. showing natural positive response	139
No. negative	5,017
No. B.C.G. vaccinated	5,397

Since the inception of the scheme 100,418 individuals have been protected.

Early diagnosis by mass radiography has continued and I am grateful to Dr. J. R. Lauckner, the medical adviser to the North Regional Mass X-ray Unit for the following figures on the Unit's work in Northumberland.

Industrial works, hospitals, teacher training colleges and old people's homes were visited and sessions for the general public were held at Cramlington, Morpeth, Prudhoe and Wideopen. A total of 2,004 persons were X-rayed and 80 were referred to the chest clinic for further investigation. Of these, three persons received treatment for tuberculosis, nine were kept under supervision, four chest tumours were identified and six persons were found to have an abnormal heart condition.

Venereal Diseases and Contact Tracing

The treatment of venereal diseases is provided by the Regional Hospital Board at centres in Newcastle, North Shields and Carlisle. The returns received show the number of new cases of syphilis to be the same as last year, namely 16 and of gonorrhoea, 230, compared with 208 in 1971.

Contact tracing is carried out by especially trained health visitors who also deal with defaulters from treatment and those who have difficulty in attending regularly.

The total number of contacts sought within the area was 80, 13 of whom were males. 22 were identified by contact tracers and 51 identified by patients themselves. 73 persons were involved, 2 patients named twice and another two named thrice.

Out of 62 patients examined, the results were as follows:—

	<i>Female</i>	<i>Male</i>
Syphilis	—	—
Gonorrhoea	45	6
Non-venereal	8	3
	<u>53</u>	<u>9</u>
patients lost sight of	1	1
failed to trace	4	2
refusals	2	1
attended Ward 34	53	9
	<u>60</u>	<u>13</u>

Five women were responsible for 12 infections.

As well as visits to contacts, health visitors paid 80 visits to other patients, mainly defaulters from treatment and 3 patients were escorted to the clinic in an effort to promote regular attendance.

Ante-Natal Serological Tests

There were 2,021 serological specimens submitted from the department's clinics for examination during the year.

Six mothers were tested for maternal syphilis prior to delivery. One baby was subsequently tested and found to be free from infection.

Chiropody Service

This service, which is almost entirely provided for elderly people, continued to expand as more chiropodists were recruited on qualification from Schools of Chiropody. Ten full time and two part time chiropodists were employed for the complete year and two additional staff were appointed after the summer holiday.

Parts of the County not visited by appointed chiropodists were covered by voluntary services provided with financial grants by the Council. Twenty-six such voluntary committees were in existence and they provided treatment for 4,239 patients.

The service for the elderly is available at 27 county clinics, by domiciliary visits for immobile old people and also at 14 old people's homes, either privately or publicly owned.

The incidence of verrucae in school children increased markedly in a number of places and special treatment sessions at schools in Morpeth, Wallsend, Ponteland and Newbiggin Hall were started. By the end of the year 110 additional sessions had been arranged in schools and 294 children had received 1,743 treatments.

12,839 persons received 50,942 treatments during the year and this vast number of appointments required considerable clerical assistance from the staff at headquarters.

Full details of the work carried out, together with a comparison with 1971, are shown in Table 11 on page 79.

Renal Dialysis

The adaptation or extension of houses to allow for installation of machines for haemodialysis has been Council policy since guidance on the subject was given in a Department of Health circular in 1968.

Liaison between Mr. Donnelly, of the department and officers of the Dialysis Unit at the Royal Victoria Infirmary must in all cases commence as early as possible after a decision has been made that the patient and his family can cope with home dialysis. Specialist contractors also become involved in the adaptations and eventually the consideration of the Committee is required on the amount of financial grant to be allowed.

The problems of alterations depend to some extent on whether the patient is living in his privately owned home or in a local authority house. The requirements of the hospital normally mean the provision of a separate room for the equipment and in the case of Council houses, it has been possible to exchange houses to give more room. The alternative solutions are to build an extension or to provide a temporary building in the garden of the house. This last method leads to isolation of the patient from his family during treatment periods and is not really acceptable to the hospital authorities.

Costs of building adaptations have varied from about £300 to £1,100 depending upon which of the above solutions was possible. The cost of all the equipment and supplies is the responsibility of the hospital service and in addition insurance cover for the installation has to be provided in each case.

Since 1969, fourteen cases have been dealt with and a grant was approved in twelve of these. Two women and ten men have been assisted and their ages extend from a boy of 11 to a miner of 53. As a result, both women are well enough to look after their families while, of the ten men, the boy is still at school, a doctor and a university lecturer have returned to full-time work and all but one of the remainder have managed to return to, at least, part-time work.

During 1972, five of these patients had their homes altered for dialysis and in each case a grant was made towards the cost.

HEALTH EDUCATION

The activities relating to health education covered a wide range of topics without highlighting particular subjects and the method of carrying out this work continued on similar lines to previous years.

Requests were received from schools, clinics and organisations outside the scope of the County Council (e.g. Women's Institutes, church groups etc.). The demand for talks and programmes was met by the school medical officers, school dental officers, health visitors, district nurses, the County Health Inspector, the County Ambulance Officer and the Principal Administrative Officer. The inclusion of the Principal Administrative Officer in the list of lecturers arises from the number of requests received for a talk on the work of the Local Health Authority. It was encouraging to note the interest shown in the health service and its administration.

Mothercraft classes contributed a great deal to the health education carried out in schools and from these courses stemmed other topics such as anti-smoking and sex education programmes. A number of sessions on menstruation and personal hygiene were given throughout the year.

The school dental officers continued to carry out dental health education. In this, they were assisted by a well stocked film library, an extensive range of colourful posters and a good selection of leaflets. Earlier in the year a mobile exhibition caravan was developed and this was available to middle and high schools. Dental health weeks were arranged at a number of schools and both the caravan and display stands were used.

To cater for the younger children a display stand has been produced based on a space theme. This coupled with the giving of dental hygiene kits to new school starters should start the children on the road to good dental hygiene. Apart from displays and film-shows the dentists continue to do a great deal of important education talking to the child during inspections or treatment.

The school medical officers gave selected talks to school children and Parent Teachers Associations although the full potential was not realised due to staff shortages. The topics creating most interest, were drug abuse, anti-smoking and sex education. The fact that a great deal of time could not be spent on formal health education, increased the value of the knowledge given during conversations with the mother and child at medical inspections.

During the year Home Safety Exhibitions were held at Cramlington, Whitley Bay and Earsdon. These exhibitions were well received by the public and greatly appreciated by the local Home Safety Committees.

Full support is given to the staff and an extensive range of visual aids are always available to add variety and impact to a programme.

The clinics and health centres run displays on topical subjects and posters and leaflets are always on display.

Health education practice is continually changing and I look forward confidently to new and exciting developments since I can report that at the time of writing a Senior Health Education Officer has taken up his duties in the department.

Group	Year	Screenings				Audience				Totals	
		Clinic	School	Mothers Club	Others	Clinic	School	Mothers Club	Others	Screenings	Audience
Ante-Natal	1971 1972	160 156	5 3	— —	— —	1,632 1,624	83 90	— —	— —	165 159	1,715 1,714
Mothercraft	1971 1972	68 96	27 33	— —	— 2	772 985	561 708	— —	— 54	95 131	1,333 1,747
Child Development	1971 1972	48 53	— 77	22 20	10 6	474 566	1,294 1,938	536 382	180 158	137 156	2,484 3,044
Cancer Prevention	1971 1972	— —	17 14	2 3	— —	— —	724 1,263	24 —	— 45	19 17	748 1,308
Sex Education	1971 1972	2 —	44 47	— 4	1 1	23 —	1,668 1,488	— 89	10 15	47 52	1,701 1,592
Home Safety	1971 1972	— —	22 56	12 13	42 31	— —	647 1,662	272 315	1,709 998	76 100	2,628 2,975
Drugs	1971 1972	— —	— 4	— —	3 —	— —	— 123	— —	84 —	3 4	84 123
Health Services	1971 1972	— —	3 1	9 1	11 4	— —	74 37	146 34	251 172	23 6	471 243
Total	1971 1972	280 305	176 235	53 41	71 44	2,939 3,175	5,066 7,309	1,239 820	2,289 1,442	580 625	11,533 12,746

ADDITIONAL SPECIAL MEDICAL ASSESSMENTS

REGULATION 22 (2) OF THE MOTOR VEHICLE (DRIVING LICENCES) REGULATION, 1970

The Regulation requires a medical opinion to be given in certain applications for driving licences and this is undertaken by Dr. Minns. During the year a medical opinion was sought on a total of 116 applications for driving licences. The majority of these related to persons suffering from epilepsy, who were on treatment but who had had no attack for three years.

After consultation with the applicants' medical advisers, driving licences were recommended in 107 of these cases and 9 were refused.

Of the 116 original applications, 30 were non-epileptic, the majority suffered from attacks of giddiness, anxiety states, physical disabilities, strokes and heart conditions. One of these non-epileptic persons was considered unsuitable to hold a driving licence.

The total number of medical opinions sought in 1971 was 91.

ENVIRONMENTAL SERVICES

(Mr. D. Lister)

The imminent changes in local government administration will mark the end of an era during which it has been the duty of the County Medical Officer to keep under review environmental health conditions in Northumberland and it might therefore be appropriate in this year's report to look back at some of the progress achieved over the years, particularly since the end of the last war, under some of the headings of this section.

HOUSING

Twenty-five years ago, with the machinery of local government beginning to get back into action after the setbacks of the war and its immediate aftermath, it was with regret that one had to report that the standard of housing in our rural districts left much to be desired, while conditions in the mining areas of the County were frankly deplorable.

New Houses

The first priority at that time was resumption of new house building to cope with the extreme shortage of accommodation and for the first few years the emphasis was on local authority houses for the relief of overcrowding, and later to enable clearance to be re-started of unfit properties, many of these condemned before the war but still awaiting demolition. Within 10 years some 20,000 new council houses had been erected (including 1,600 temporary pre-fabricated buildings). Since then the pace of local authority building has eased off a little but to date local authorities in the County have built over 42,000 post-war houses. The total erected during 1972 was 860, the lowest for 11 years. This reflects the national trend for the year: local authorities at the moment, as will be seen below, are heavily committed in the field of reconditioning.

The private sector by contrast, because of building controls, was slower off the mark after the war but has steadily increased its annual output of new houses and for each of the last three years has created a new annual record of dwellings provided. The 1972 figure was 2,158, an increase of 26 over the previous year.

The complete total of houses built in the County during the year (Table 17) was 3,209, about equal to the annual average, bringing the number of new housing units provided since 1945 to 87,000. This means that the proportion of post-war houses in Northumberland is nearly one-half of the total inhabited dwellings of all ages. Of this total about one-third are now council-owned: the ratio of council- to privately-owned houses has always tended in this region to be higher than the national average.

Slum Clearance

Since 1950 nearly 18,000 houses have been discontinued as dwellings in the County, most of them by closure and demolition following procedure under the Housing Acts. This bald statistic translated into bricks and mortar means the disappearance of many streets of unfit houses including in the south east of the area depressing rows of miners' cottages, each with its so-called sanitary accommodation separated from the house by the width of the back street. During 1972 only 685 houses were put out of use, the lowest figure for 7 years (Table 18). This represents a reduction in clearance and rehousing from the good rate of progress maintained of recent years and is obviously related to the drop in council-house building noted above. Statistics of unfitness are changeable—there are constantly rising standards and deterioration of properties with age on the one hand, offset by the increased value of property making repair at reasonable expense feasible today where formerly it would have been impossible. This accounts for the apparent illogicality that the original 1954 survey showed some 7,000 houses to be demolished, of which 2,900 were still standing in 1966, whereas a fresh re-appraisal during 1972 reveals some 3,500 unfit houses remaining in the County of which almost 3,000 are in clearance areas declared or about to be declared under the Housing Acts.

Slum clearance is a never-ending process, although four County districts can now claim no unfit dwellings left in their area.

Improvement Grants

A landmark in housing legislation was the Housing Act, 1949 which for the first time (except for limited schemes for agricultural cottages) established the principle of exchequer assistance for the improvement of private properties and the provision of modern amenities to houses having a reasonable expectation of life. In Northumberland as elsewhere, rural areas with their earlier experience under the Housing (Rural Workers) Acts were quick to take advantage of this and by 1956 the 10 rural districts in the County had been responsible for some two-thirds of the total grants made. Since then the urban districts, where the need was undoubtedly greater have improved their position and of the 16,000 houses so far improved with grant aid, nearly 10,000 are in urban areas. One shortcoming of this scheme has been the lack of compulsory powers to initiate schemes of improvement and the attempt by Parliament in 1964 to overcome this seemed to make little impact. Increases in the size of grant available, on the other hand, have had a noticeable effect, and the 1971 Act allowing 75% grant for a limited period in certain areas, including Northumberland, has almost doubled the rate of applications. During 1972, as will be seen from Table 19, 4,455 applications were submitted to local authorities, 237 of these in general improvement areas of which 12 have now been declared by the 8 County districts who have so far availed themselves of the appropriate powers of the Act. The processing

of these applications represents a tremendous work load for certain local authorities and building resources are also being stretched to their limit as evidenced by the fact that only in about half of the schemes put forward have the improvements actually been completed by the end of the year. The deadline for this extra grant aid has already been extended by one year and it is not known how much longer it will be permitted to continue—there are signs that the building industry is becoming over-heated. In these circumstances one might perhaps question the logic of discretionary grants being given to improve kitchens of houses built between the wars while dwellings still exist in the same district without indoor sanitation or hot water.

The interest in standard grants available as of right for certain basic services has abated somewhat, discretionary grants being the “better buy”, but 248 houses were improved in this way during the year. Improvement of council-owned houses with grant aid is now going ahead in almost every district in the County and special mention must be made of Seaton Valley U.D.C. who have now modernised nearly 1,500 of their stock of dwellings, the first authority in the County to exceed the thousand mark.

This heartening picture must, however, be viewed against the statistics obtained in last year’s survey referred to above—there are still some 45,000 estimated properties in Northumberland which are not unfit but require some degree of reconditioning. Whether all this can be achieved by the present voluntary procedure is doubtful. There are also about 1,500 houses not actually unfit under the Housing Acts but thought incapable of reconditioning: presumably until the overdue amendment of the legal standard of fitness enables these to be condemned, the unhappy occupants will have no remedy.

WATER SUPPLIES

In 1945 there were 19 separate water authorities for the County. In 1947 the Newcastle & Gateshead Water Company applied for powers to take over statutory responsibility for the Castle Ward and Bellingham Rural Districts, and this gradual process of surrender of local autonomy continued, until by 1963 two main statutory undertakers had become responsible for the whole County with areas of supply as follows:—

NEWCASTLE AND GATESHEAD WATER COMPANY: The Boroughs of Berwick, Blyth and Wallsend; the Urban Districts of Alnwick, Amble, Gosforth, Hexham, Longbenton, Newburn, Prudhoe and Seaton Valley; the Rural Districts of Alnwick, Belford, Bellingham, Castle Ward, Glendale, Haltwhistle, Hexham, Norham and Islandshires and Rothbury. (A small part of the extreme south of Hexham Rural District is, as a matter of convenience, included in the statutory area of the Durham County Water Board.)

TYNEMOUTH CORPORATION: The Boroughs of Morpeth and Whitley Bay; the Urban Districts of Ashington, Bedlingtonshire and Newbiggin; the Rural District of Morpeth.

The Newcastle & Gateshead Water Company derives its supplies from an impounding reservoir at Catcleugh, from certain main springs and from two river intakes, at Barrasford and Wylam. The Tynemouth supply is derived from main springs, an impounding reservoir on the River Font and from a river intake at Mitford. Both undertakings are also participants in the Coquet Water Board Scheme with their river intake at Warkworth, which since its construction in 1962 has formed the main source of supply for those districts in the north of the County which are within the Water Company's statutory area. There are in addition several local sources which have now been taken over by the two suppliers which are reliable enough to be maintained indefinitely. The Borough of Berwick and Glendale Rural District are served by self-contained schemes of this nature.

There has never been any record since the war of restriction of supply by the Newcastle & Gateshead Water Company within their statutory area, but in 1947 and 1948 shortages were evident in the Tynemouth Corporation area, with much inconvenience to the Whitley Bay holiday trade until this was remedied in 1950. Summer restrictions were of regular occurrence in Hexham town, however, up to 1959 when the district council's undertaking was transferred to the Water Company. The last major shortage recorded was in the coastal area of Belford R.D.C., which was finally resolved by extension of the Coquet scheme in 1964.

The year 1972 was notable for an exceptionally low rainfall, following on two years which were also below average. In the second half of the year it was obvious that difficulties were to be expected with certain small private and estate sources and it may well be that to ensure continuity of supply, public schemes may have to be put forward which would not hitherto have been considered economic.

The latest estimate of properties without mains supply shows less than 700 and some of these are unlikely ever to be connected by reason of remoteness. The number of houses relying on stand-pipe supplies is less than 100. This last figure has been greatly reduced over the years by the clearance of many unfit houses relying on a common outside tap.

The bacteriological examination of water is undertaken by the Public Health Laboratory at the General Hospital, Newcastle upon Tyne. Copies of the reports on water samples taken by authorities in the administrative County were received in the department and unsatisfactory results were investigated. 777 samples were taken during the year from public and private supplies as compared with 694 in 1971. 640 were satisfactory and 137 (or 18% of the total) unsatisfactory, of which most were from individual private supplies under special investigation. The percentage unsatisfactory was the same as for the preceding year. No great significance can be attached to this figure: it is the sources which are suspect which tend to be sampled more often.

Fluoridation

There were no further developments during 1972. At the end of the year fluoridation had been in operation for over three years on two main sources of supply in the County by the Newcastle and Gateshead Water Company on behalf of the County Council. The first, based on the Whittle Dene/Throckley supply provided fully fluoridated water to about 120,000 of the County population with a further 30,000 estimated persons receiving partly fluoridated water where the supply was mixed with that from the Coquet Water Board. The second and smaller scheme was based on the Gunnerton filter plant supplying the North Tyne Valley to the south west of the County and a small part of Cumberland. Here only an estimated 15,000 persons were receiving fluoridated water undiluted.

A constant check is maintained of the fluoride level in the supplies by the Water Company and by the County Health Department with a full exchange of information between the two sides. The results obtained on 99 samples examined by the Palin A—Z test in the department showed that the levels were maintained within the acceptable 10% variation and no evidence of over-dosing was found.

SEWERAGE AND SEWAGE DISPOSAL

The largest scheme in progress in the County districts during the year was the £2,000,000 project at Berwick Borough to replace existing sea and estuarial outfalls with a proper treatment works. The first stage of the works to serve Cramlington New Town was also commissioned.

The report by the Department of the Environment on their River Pollution Survey carried out in 1970 was encouraging in tracing the progress made since their previous survey of 1958. It did, however,

remind us that the River Tyne possesses the longest stretch of grossly polluted tidal water in the country. It is good to know, therefore, that with the formalities out of the way, work by the Tyneside Joint Sewerage Board is now beginning to take shape. Seven local authorities in the County are contributing to the Board's expenses and are together responsible for 22% of its precept.

RURAL WATER SUPPLIES AND SEWERAGE ACTS 1944–71

The implementation of this legislation has brought incalculable benefit to the County and since the war schemes of water supply costing over £2½ million have been carried out in Northumberland with grant aid from the government and the County Council. At the same time schemes of sewerage and sewage disposal to a total of £4 million have been put in hand by the County's rural districts, whilst urban sewerage schemes accounted for an expenditure of nearly £5 million. Many of these which were not eligible for grant under the above Acts were financially assisted by the County Council under Section 56 of the Local Government Act, 1958.

Schemes Submitted for Approval

The following schemes were considered by the Health Committee during 1972 for grant aid under the Acts:—

Alnwick Rural District	Water supply scheme for part of Denwick and Shilbottle parishes	... ..	£2,000
	Sewerage and sewage disposal scheme for Glanton village	... ..	(Guaranteed payment) £103,000
Belford Rural District	Sewerage scheme with sea outfall for Seahouses	... ..	£214,562
	Sewerage scheme for Station Road area of Belford	... ..	£21,000
Hexham Rural District	Sewerage and Sewage disposal scheme for Newton village	... ..	£12,134
	Mid-Tyne sewerage scheme Phase III (sewers, Corbridge etc.)	... ..	£129,580
Morpeth Rural District	Extensions and improvements to sewage disposal works for Longhorsley village	... ..	£98,000
Norham and Islandshires Rural District	Sewerage scheme for East Ord village connecting to Berwick Borough disposal works	... ..	£17,600

The sewerage scheme for Seahouses was referred back on the grounds that whilst a sea outfall was the method of choice in this case, it was felt that the proposed outfall should be constructed more in accordance with the recommendations of the Jeger Report regarding sea disposal. This was subsequently discussed at a conference at the Department of the Environment, when my department was

represented, and certain amendments to the scheme were agreed by both sides.

Work in Progress

The following are details of work in progress during the year with some indication of the stage reached by 31st December:

<i>District</i>	<i>Scheme</i>	<i>Progress</i>
Berwick Borough	Comprehensive sewerage and sewage disposal scheme	50%
Bedlingtonshire Urban	Main drainage scheme (Central Valley) ...	55%
Belford Rural	Water main extensions to northern area (Second stage)	35%
Haltwhistle Rural	Sewerage and sewage disposal scheme, Lambley	Commenced
	Sewerage and sewage disposal scheme, Knaresdale	Commenced
	Sewerage and sewage disposal scheme, Slaggyford	Commenced
Hexham Rural	Sewerage and sewage disposal scheme, for Newton village	80%
	Mid-Tyne sewerage scheme, Phase III ...	30%

Schemes completed during the year

<i>District</i>	<i>Scheme</i>	<i>Month</i>
Seaton Valley Urban	Sewage disposal scheme, Cramlington New Town (Phase I)	September
Belford Rural	Water main extensions to northern area (First stage)	August
Bellingham Rural	Sewer extensions, West Woodburn village	February
Haltwhistle Rural	Sewerage and sewage disposal scheme, Plenmeller	December
	Sewerage and sewage disposal scheme, Coanwood	December
Hexham Rural	Water supply scheme, Keenley	October
Rothbury Rural	Sewerage and sewage disposal scheme, Thropton/Snitter	December

CLEAN AIR ACTS 1956–1968

Five new smoke control areas became operative in the County during 1972, the up-to-date position at 31st December being as under:—

<i>County District</i>	<i>No. of Areas</i>	<i>Acreage Controlled</i>	<i>Properties Controlled</i>
Wallsend Borough	6	1,080	5,251
Whitley Bay Borough	8	1,941	5,954
Gosforth Urban	2	2,010	1,319
Longbenton Urban (Killingworth New Town)	2	538	1,849
Newburn Urban	13	999	6,978
Seaton Valley Urban (Cramlington New Town)	1	1,960	3,912
Castle Ward Rural	1	306	3,235
	33	7,034	28,498

In addition, 7 areas have been confirmed during the year to come into operation during 1973/74 which will add nearly 4,000 properties to the total and a further 7 areas, containing over 3,000 properties are known to be "in the pipe line". It is obvious from the foregoing that progress is now beginning to be apparent in this direction. It must, however, be noted that there are still noticeable gaps to be filled in the south-east of the County where the smoke problem is greatest—some authorities are proving slow to take advantage of their powers under the Act, and the northern region as a whole still lags behind other parts of the country in achieving control of air pollution.

MILK AND DAIRIES

Milk (Special Designation) Regulations, 1963

Milk (Special Designation) (Amendment) Regulations, 1965

The Council as food and drugs authority has the duty of licensing and supervision of all dealers in designated milk and this work is carried out within the department, together with supervision of milk treatment plants, specified area enforcement, etc. Wallsend Borough and the Longbenton Urban District Council are separate authorities for this purpose.

The designations permitted under the regulations are “Untreated”, “Pasteurised”, “Sterilised” and “Ultra Heat Treated”.

Dealers' Licences

Changes in the number of licences in force are shown in the accompanying table:—

	Total at beginning of year	New Licences during year	Licences cancelled during year	Total at end of year
Licence to bottle Untreated Milk (Form B) .	9	—	—	9
Pasteuriser's Licence (Form C)	5	—	—	5
Steriliser's Licence (Form D)	2	—	—	2
Dealer's Licence for Untreated, Pasteurised, Sterilised and Ultra Heat Treated Milk	584	64	8	640

Milk sampling and the inspection of dealers' premises are carried out by the County Health Inspector and during the year 452 visits were paid to dealers other than licensed processors as compared with 412 in the previous year. Only a few minor contraventions of the Regulations were noted and these were dealt with by informal action.

Milk and dairies legislation has always required that milk should not be unnecessarily exposed to heat: there is no other specific reference to refrigeration. It seems that dealers are at last beginning to accept that a proper cold store is, in fact, a “practical means” under the Regulations of achieving this end, and new applicants for licences in particular are now more easily persuaded to provide such a facility where overnight storage is needed.

Producers' Licences

These continued to be the responsibility of the Ministry of Agriculture, Fisheries and Food through their County Officer, to whom I am indebted for the figures quoted in this paragraph. The number of

farms in the County registered for milk production at the end of the year was 469 compared with 500 for the previous year. Compared with 15 years ago there are now less than half as many dairy farms.

All herds are now attested and licences are only necessary for those 102 producers who dispose of milk by retail or as "farm-bottled".

Milk Sampling—Statutory

The total number of samples taken during the year was 1,330 as compared with 1,354 in 1971. It is pleasing again to be able to report that no failures occurred of the Phosphatase test for Pasteurised milk, indicating that the correct standard of heat treatment was being achieved.

The number of failures of the Methylene Blue test for keeping quality showed a slight improvement over 1971, but the number of untreated milk failures was still too high for complacency. Liaison is maintained with the Ministry of Agriculture's local office in order that any action necessary may be taken at point of production.

	Passed	Failed	Void	Total
Untreated Milk				
Methylene Blue test	109	26	—	135
Pasteurised Milk				
Methylene Blue test	537	32	—	569
Phosphatase test	569	—	—	569
Sterilised Milk				
Turbidity test	45	—	—	45
Ultra Heat Treated Milk				
Plate Count	12	—	—	12
	1,272	58	—	1,330

Milk Sampling—Biological—Brucella Abortus

Sampling by District Public Health Inspectors for detection of Brucella infection in untreated milk supplies continued during the year, though at a reduced rate because of the increased number of official brucella-free herds. Once a herd has been accepted on to the Ministry of Agriculture's list the frequency of official routine testing renders local authorities' sampling mere duplication and even in the event of a breakdown in such a herd—and two such cases are known to have occurred in the County during the year—the farm in question immediately becomes subject to intensive testing and supervision by the Divisional Veterinary Officers. Local authority resources are more profitably to be employed in checking milk supplies from producers not yet participating in the so far voluntary eradication scheme. From such producers local authority inspectors took 85 samples involving 34 herds, and in addition the County Health Inspector took 41 samples from the supplies of 24 dealers. Out of these samples 7 positive ring tests were reported but none of these were confirmed by direct culture.

The number of herds in the County recorded as being on the Ministry's accredited or incentives scheme list as brucella-free continues to increase, and at the end of the year was 283 as compared with 149 in 1971. Of these, 197 were dairy herds representing 42% of the total milk producers, last year's figure being 30%. 46 of these were holders of untreated milk licences which represents 45% of those authorised to retail raw milk. It will be the aim eventually to restrict the sale of untreated milk to brucella-free producers and it is, therefore, obvious there is still some way to go. Nevertheless having regard to the amount of testing and supervision this represents to the Animal Health Division veterinary staff during the year, progress is being made.

Tuberculosis

Biological testing for tuberculosis is not now carried out as a routine in the County except for school milk supplies, hospital farms and very occasional samples from other producer-retailers. During the year 24 samples were tested, all being negative. No case of tuberculous milk has occurred in the County for over fourteen years.

The elimination of this infection has been one of the success stories of the post-war years: in the year 1944 some 5% of the total of milk samples taken in the County were reported tuberculosis positive, but by 1948 50% of the milk produced in Northumberland was from tuberculin tested herds and by the time compulsory eradication came into force in 1960 only 1.5% of the County's herds were not attested.

Pasteurising Plants

The number of licensed pasteurising plants in the County remained at 5 during the year, having daily throughputs varying from 1,400 to 13,500 gallons. All the plants were of modern design operating on the H.T.S.T. system, the total quantity of milk treated being about 28,000 gallons per day.

Pasteurised homogenised milk is processed at two of the dairies, one of which also pasteurises a limited quantity of Channel Islands milk.

The dairies concerned were regularly inspected by the County Health Inspector, 112 visits being made for the purpose and 155 samples of milk being taken at the plants. 3 cases occurred of Methylene Blue failures, from different establishments, indicating low keeping quality. This should not occur with samples taken direct from producing dairies and in each instance a thorough investigation was carried out. In one case there was some disagreement as to whether the ambient air temperature had not in fact been such that the samples should have been reported as void, and in the event the dairy had to be given the benefit of the doubt. All the processing plants were maintained in good condition and only minor matters required to be brought to the notice of dairy management.

The problem of milk filled into the occasional imperfectly-cleansed bottle remains with us, but no really serious case occurred within the County during the year. One incident, however, resulted in the prosecution of a County dairy by an adjoining authority. The case was taken for some reason or other under the Food and Drugs Act and not under the Milk and Dairies Regulations: the dairy elected to defend the charge and as a result the case was dismissed. The alarming thing was, however, that the bottle in question had not been rejected by the automatic scanning device installed at the dairy. It is difficult to know what further steps can be taken to prevent unwashable bottles evading detection. Greater care by consumers in their treatment of milk bottles is the only real answer.

Sterilising Plants

Two plants were in operation for milk sterilising, one consisting of the conventional oven batch treatment, the other being an ultra-high temperature plant working in conjunction with a continuous in-bottle steriliser.

Forty-five visits were paid to the dairies during the year and 45 samples taken direct from the plants all satisfied the turbidity test.

Specified Area

The Council as food and drugs authority are responsible for enforcement of the specified area scheme, which forbids the sale of milk otherwise than under one of the special designations, i.e. "Untreated", "Pasteurised", "Sterilised", or "Ultra Heat Treated". This legislation appears now to be accepted as a matter of course and the only sort of contravention met with is the very occasional failure of producer-retailers to use the properly worded bottle caps, usually due to non-delivery by their suppliers.

Exception is made as a last resort for the issue by the Ministry of a "consent" to a retailer to dispense with the requirements of the Order where there is no possibility either of the immediate grant of a producer-retailer licence or of an alternative supply of milk and at the end of the year two such "consents" were in operation. The amount of milk represented by these was very small.

MILK IN SCHOOLS SCHEME

All pupils entitled to milk under the Government's revised arrangements were being supplied with fresh milk at the end of the year with the exception of one very small isolated school where no suitable arrangements could be made. Due to further closures among the small outlying rural schools, the number of establishments where pasteurised milk could not be obtained fell from 17 to 12, containing only a very small proportion of the total school population. In these cases an

approved untreated supply had to be accepted to obtain milk at all. Otherwise the rule is for pasteurised milk in one-third pint bottles with straws.

For a County containing so much thinly populated area this is not always easy but progress has been made: as recently as 1951, one half of the County's schools were relying on raw milk supplies.

The following table shows the results of samples taken during the year:—

	Passed	Failed	Void	Total
<i>Untreated Milk</i>				
Methylene Blue test	25	4	—	29
<i>Pasteurised Milk</i>				
Methylene Blue test	95	8	—	103
Phosphatase test	103	—	—	103

In the case of Untreated milk, routine tests were also carried out for Tuberculosis and Brucellosis, with negative results. A sample survey showed that of the pupils entitled to milk 95.8% were availing themselves of the service on a given day.

ICE CREAM

Ice Cream (Heat Treatment etc.) Regulations, 1959

District Councils submitted 318 samples to the Public Health laboratory during the year for Methylene Blue testing as compared with 387 the preceding year. The results continued to be satisfactory.

251 samples or 79% of the total were classified as Grade I, and 22 or 7% as Grade II. The recognised standard suggests that taken over a period, 50% should reach Grade I, and 80% Grades I and II combined. Only 20 samples representing 6% of the total were reported as Grade IV or unsatisfactory. Since the coming into force of the original Regulations in 1949, the picture has been one of gradual improvement: in 1951, 24% of the samples were unsatisfactory: in 1955 the figure had dropped to 15%.

Ice lollies can be subjected to a similar test to that for drinking water and of 35 so examined 32 showed a satisfactory state of sterility. 10 districts submitted no samples during the year.

SWIMMING POOLS

With the opening of a new municipal pool in Berwick, 9 County district authorities now maintain public swimming pools, while 3 others are in course of construction. From these pools and from 3 privately owned which are occasionally available to the public, district councils submitted 200 samples of water during the year. 11 of these failed to reach the acknowledged standard for swimming pool water and were the subject of further action by the District Public Health Inspectors.

The Education Committee maintain 8 learner swimming pools at schools in the County. All were originally equipped with diatomaceous earth filters and were electrically heated, but during the year one was experimentally converted to rapid sand filtration and gas heating. The alterations were successful and two more were in process of conversion at the end of the year. Sterilisation is in all cases by automatic dosing apparatus using liquid hypochlorite. Each pool is under the care of a full-time swimming instructor who is also responsible for the plant operation. Routine supervision continued to be carried out by the County Health Inspector, who during the year made 83 inspections checking the residual chlorine and pH of the water and examining the pool log books. Instructors are advised to maintain break-point chlorine conditions. 16 samples of water were taken for bacteriological examination of which all reached the "highly satisfactory" standard for swimming pool water. Samples were only taken when conditions suggested the need for further investigation. If a satisfactory high residual chlorine is evident, there should be no significant bacterial activity in the water. The small open-air fill-and-empty pool at Bellingham Camp Secondary School continued to be satisfactorily maintained when in use during the summer months.

FOOD AND DRUGS ACT, 1955
(Mr. C. L. ARLIDGE)

During the year ended 31st December, 1972, the County Sampling Officers procured a total of 2,636 samples of articles of food and drugs and submitted them to examination for compliance with the Food and Drugs Act, 1955, the Preservative Regulations and the Labelling of Food Order, 1953.

The articles may be summarised as follows:—

<i>Article</i>	<i>No. taken</i>
Beer, Wines and Spirits	5
Butter, Margarine, Lard, Cooking Fats, Cheese (including Processed Cheese)	89
Drugs, Medicines and Household Medicaments	26
Fresh Fruit, Fresh Vegetables, Dried Fruit, Tinned Fruit and Vegetables	86
Ice Cream	18
Jams, Preserves, Honey and Jellies	71
Milk and Cream	1,532
Pickles, Sauces, Vinegar and Condiments	56
Sugar, Sugar Confectionery, Flour Confectionery, Chocolate, Chocolate Confectionery and Cereals	127
Tea, Coffee, Cocoa, Beverages, Minerals and Cordials	146
Tinned Meats, Meat, Meat Products (including Sausages), Fish, Fish Products, Fish and Meat Pastes	298
Miscellaneous	182
Total:	<u>2,636</u>

**Samples reported by the Public Analyst
to be unsatisfactory**

<i>Name of Article</i>	<i>Analyst's Report</i>	<i>Action taken</i>
Spaghetti Twist with Meat Balls	Listed ingredients included "Fresh Vegetables".	Amended label to bear specific names of the vegetables.
Instant Drink Concentrate Milk	Ingredients not listed in specific terms. Deficient in solids- not-fat.	Manufacturers to amend labels. Follow up sample proved to be genuine.
Pease Pudding Milk	Ingredients not declared on container. Deficient in solids- not-fat.	Producer warned to label future supplies. Follow up sample proved to be genuine.
Milk)		
Milk)	Deficient in solids- not-fat.	Follow up samples proved to be genuine.
Milk)		
Milk)		

Milk	Deficient in solids-not-fat.	Follow up sample proved to be genuine.
Milk	Deficient in solids-not-fat.	Follow up sample proved to be genuine.
Beef Sausage Meat	Deficient in meat content.	The cause of the deficiency was attributed to the use of an unsatisfactory recipe. Supplier was verbally cautioned.
Caramel Dairy Dessert	List of ingredients incomplete.	Labels to be amended accordingly.
Currant Shortbread	Deficient in Butter Fat content.	This product was withdrawn from sale.
Milk	Deficient in solids-not-fat.	Follow up sample proved to be genuine.
Pudding 'N Apricot (Canned)	List of ingredients contained "Lactylic esters of fatty acids" which was a generic and not a specific description.	Manufacturers agreed to amend labels to read "Lactyl esters of fatty acids".
Cornish Pasty (Cooked)	Contained Cheese not Meat.	Pasty selected in error by shop assistant.
Butter Shortbread	The description implies that the article contains no fat other than Butter Fat. Analysis revealed that only half the fat was Butter Fat.	After enquiries, the manufacturers agreed to drop the word "Butter" from the shortbread labels.
Milk (Untreated)	The analytical results indicated that the milk contained a minimum of 2.3% extraneous water.	The producer/seller was unable to account for the presence of extraneous water and agreed to enrol the assistance of the Milk Marketing Board Advisory Service immediately.
Sliced Ox Tongue	The label declared the presence of starch. No starch could be found in the sample and is not permitted in sliced ox tongue.	The manufacturers contend that there was a little starch present in this foodstuff and that this is permitted. They have referred the matter to the Food Manufacturers' Federation.

A constant scrutiny of labels, descriptions and advertisements (including television advertisements) of food offered for sale in the County is maintained by the Inspectors. In a number of cases, manufacturers and packers have been required to amend descriptions and illustrations considered to be misleading as to the nature, substance and quality of goods.

The statutory requirements as to the labelling, description and advertising of food are currently embodied in numerous Orders and Regulations dating back to 1953. The Ministry of Agriculture, Fisheries

and Food have consolidated most of the requirements and strengthened many of them in the consumers' interest, in the Labelling of Food Order which came into operation on the 1st January, 1973.

An increasing proportion of the County's milk production is being collected by "bulk tanker" vehicles and as a result the practice of taking samples from churns when they are unloaded at the processing dairy has had to be modified so as to arrange for samples to be taken at farms before collection by the tanker vehicle. The fact that the age old practice, of adulterating milk by the addition of water, has not been entirely eliminated, was evidenced by the prosecution of a farmer who was fined £25 and in addition ordered to pay £36 in costs after pleading guilty to exposing for sale on consecutive days, milk to which water had been added.

When members of the public find foreign bodies in food, they are rightly aggrieved and justified in making an official complaint. At the same time it is well to reflect on the incidence of this kind of complaint. It may seem, from the number of complaints received in a year, to be high but when one related that number to the vast quantity of articles of food sold daily in the County one realises that it is very low indeed. The reason is, quite simply, that food manufacturers as a whole, take pride in the quality of their products and make considerable efforts to ensure the efficiency of their packaging and screening methods. Competition between manufacturers demands an increasing standard of excellence. The unwelcome publicity attendant upon the exposure of faulty food can also provide a powerful stimulus. The more responsible manufacturers are constantly reviewing and perfecting their methods.

Magnetic screens, foreign body detectors and electronic bottle scanners are expensive pieces of equipment and all have their limitations but even the best apparatus will only function if it is properly set and switched on. Where there is a failure one often finds that the human element was at fault. Manufacturers are usually anxious to recover possession of an offending product not so much to purloin the evidence as to exhibit to their employees the very present perils of laxity and inattention.

TABLES
OF
STATISTICS
1972

TABLE 1
ADMINISTRATIVE COUNTY OF NORTHUMBERLAND
POPULATION YEAR 1972

BOROUGHES:

Berwick	...	...	...	...	...	11,760	
Blyth	...	...	...	...	...	34,720	
Morpeth	...	...	...	...	...	14,500	
Wallsend	...	...	...	...	...	46,070	
Whitley Bay	...	...	...	...	...	<u>37,590</u>	144,640

URBAN DISTRICTS:

Alnwick	...	...	...	...	...	7,230	
Amble	...	...	...	...	...	4,710	
Ashington	...	...	...	...	...	25,030	
Bedlingtonshire	...	...	...	...	...	27,950	
Gosforth	...	...	...	...	...	26,870	
Hexham	...	...	...	...	...	9,800	
Longbenton	...	...	...	...	...	49,790	
Newbiggin-by-the-Sea	...	...	...	...	...	10,860	
Newburn	...	...	...	...	...	39,900	
Prudhoe	...	...	...	...	...	11,170	
Seaton Valley	...	...	...	...	...	<u>33,790</u>	247,100

RURAL DISTRICTS:

Alnwick	...	...	...	...	...	11,030	
Belford	...	...	...	...	...	4,600	
Bellingham	...	...	...	...	...	4,750	
Castle Ward	...	...	...	...	...	36,260	
Glendale	...	...	...	...	...	6,070	
Haltwhistle	...	...	...	...	...	6,620	
Hexham	...	...	...	...	...	21,590	
Morpeth	...	...	...	...	...	16,820	
Norham and Islandshires	...	...	...	...	...	3,470	
Rothbury	...	...	...	...	...	<u>4,870</u>	116,080

TOTALS				<u>507,820</u>
--------	------	-----	--	--	--	----------------

TABLE 2
COUNTY OF NORTHUMBERLAND
POPULATION OF PROPOSED METROPOLITAN
AND NON-METROPOLITAN DISTRICTS

1. BERWICK UPON TWEED		
Berwick upon Tweed M.B.	11,760	
Belford R.D.	4,600	
Glendale R.D.	6,070	
Norham & Islandshires R.D.	<u>3,470</u>	25,900
2. ALNWICK		
Alnwick U.D.	7,230	
Amble U.D.	4,710	
Alnwick R.D.	11,030	
Rothbury R.D.	<u>4,870</u>	27,840
3. TYNEDALE		
Hexham U.D.	9,800	
Prudhoe U.D.	11,170	
Bellingham R.D.	4,750	
Haltwhistle R.D.	6,620	
Hexham R.D.	<u>21,590</u>	53,930
4. CASTLE MORPETH		
Morpeth M.B.	14,500	
Castle Ward R.D. (Part)	16,390	
Morpeth R.D.	<u>16,820</u>	47,710
5. WANSBECK		
Ashington U.D.	25,030	
Bedlingtonshire U.D.	27,950	
Newbiggin-by-the-Sea U.D.	<u>10,860</u>	63,840
6. BLYTH VALLEY		
Blyth M.B.	34,720	
Whitley Bay M.B. (Part)	2,480	
Seaton Valley U.D. (Part)	<u>25,140</u>	<u>62,340</u>
		281,560
NEWCASTLE METROPOLITAN DISTRICT		
Gosforth U.D.	26,870	
Newburn U.D.	39,900	
Castle Ward R.D. (Part)	<u>19,870</u>	86,640
NORTH TYNESIDE METROPOLITAN DISTRICT		
Wallsend M.B.	46,070	
Whitley Bay M.B. (Part)	35,110	
Longbenton U.D.	49,790	
Seaton Valley (Part)	<u>8,650</u>	<u>139,620</u>
	TOTAL	<u>507,820</u>

TABLE 3
VITAL AND MORTALITY STATISTICS

Year	Birth rate per 1,000 living	General death rate per 1,000 living	Infant mortality rate per 1,000 live births	Death rate from Respiratory Tuberculosis per 1,000 living	Death rate from Cancer (excluding Leukaemia Aleukaemia) per 1,000 living
1943	17.61	12.50	56.00	0.51	1.72
1944	19.87	12.16	48.00	0.50	1.86
1945	17.58	12.24	50.00	0.47	1.84
1946	19.74	11.98	48.00	0.49	1.73
1947	20.66	12.14	43.00	0.44	1.77
1948	18.04	11.13	40.00	0.43	1.74
1949	17.52	11.92	36.00	0.37	1.82
1950	16.69	12.24	36.60	0.28	1.75
1951	16.46	12.58	32.49	0.24	1.82
1952	16.08	11.25	29.37	0.17	1.92
1953	16.90	11.78	28.46	0.16	1.89
1954	16.26	12.23	27.03	0.15	1.95
1955	16.34	12.06	26.75	0.15	1.92
1956	16.51	11.87	25.80	0.11	1.90
1957	16.68	11.49	23.51	0.06	1.87
1958	17.08	12.05	24.03	0.06	2.03
1959	17.23	11.56	23.58	0.04	1.90
1960	16.66	11.80	20.28	0.05	1.95
1961	16.75	11.97	19.75	0.06	1.93
1962	17.20	12.23	23.28	0.05	2.08
1963	17.13	12.52	20.79	0.05	1.99
1964	16.80	11.76	20.11	0.03	2.10
1965	16.13	12.38	16.05	0.03	2.15
1966	15.08	12.29	20.10	0.02	2.14
1967	14.76	11.63	17.61	0.02	1.99
1968	14.21	12.70	16.46	0.01	2.35
1969	13.81	12.40	15.61	0.03	2.34
1970	13.98	12.54	16.05	0.03	2.31
1971	14.89	12.37	13.55	0.02	2.41
1972	13.50	12.99	15.46	0.02	2.53

TABLE 4
GENERAL STATISTICS

	Numbers			Rates		
	Boroughs and Urban Districts	Rural Districts	Total for County	Boroughs and Urban Districts	Rural Districts	Total for County
Population	391,740	116,080	507,820			
Births (Live)	5,580	1,276	6,856	14.24	10.99	13.50
Legitimate	5,223	1,206	6,429	13.33	10.39	12.66
Illegitimate	357	70	427	0.91	0.60	0.84
				(per 1,000 population)		
Births (Still)	67	4	71	11.86	3.13	10.25
Legitimate	64	4	68	12.11	3.31	10.47
Illegitimate	3	—	3	8.33	—	6.98
				(per 1,000 Registered Births)		
Births (Live and Still)	5,647	1,280	6,927	14.42	11.03	13.64
Legitimate	5,287	1,210	6,497	13.50	10.42	12.79
Illegitimate	360	70	430	0.92	0.60	0.85
				(per 1,000 population)		
Deaths (Total)	4,920	1,675	6,595	12.56	14.43	12.99
				(per 1,000 population)		
Deaths of Infants under						
1 year of age	85	21	106	15.23	16.46	15.46
Legitimate	75	20	95	14.36	16.58	14.78
Illegitimate	10	1	11	28.01	14.29	25.76
				(per 1,000 Live Births)		
Deaths of Infants under						
4 weeks of age	67	15	82	12.00	11.76	11.96
Legitimate	60	14	74	11.49	11.61	11.51
Illegitimate	7	1	8	19.61	14.29	18.74
				(per 1,000 Live Births)		
Deaths of Infants under						
1 week of age	54	11	65	9.68	8.62	9.48
Legitimate	47	10	57	9.00	8.29	8.87
Illegitimate	7	1	8	19.61	14.29	18.74
				(per 1,000 Live Births)		
Maternal Deaths	1	—	1	0.18	—	0.14
				(per 1,000 Births—Live and Still)		

Comparability Factors ...	...	...	...	Births	Deaths
(Administrative County)				1.04	0.96
Rates per 1,000 Population					
after adjustment ...	...	...	...	14.04	12.47

TABLE 5
BIRTHS (LIVE AND STILL)

County Districts	Live					Still					Total Births— Live and Still
	Leg.		Illeg.		Total	Leg.		Illeg.		Total	
	M.	F.	M.	F.		M.	F.	M.	F.		
Boroughs											
Berwick	93	67	2	10	172	1	—	—	—	1	173
Blyth	288	258	15	23	584	8	3	—	—	11	595
Morpeth	73	60	5	4	142	—	—	—	—	—	142
Wallsend	332	291	29	32	684	10	7	—	1	18	702
Whitley Bay	215	182	26	11	434	1	1	—	—	2	436
Urban Districts											
Alnwick	54	41	3	4	102	1	—	—	—	1	103
Amble	35	32	3	1	71	—	—	—	—	—	71
Ashington	205	193	13	13	424	2	5	—	—	7	431
Bedlingtonshire	162	148	17	15	342	2	2	—	—	4	346
Gosforth	165	148	10	8	331	1	1	—	—	2	333
Hexham	52	48	1	2	103	—	—	—	—	—	103
Longbenton	306	287	22	18	633	4	1	—	1	6	639
Newbiggin-by-the-Sea	68	63	7	4	142	—	1	—	—	1	143
Newburn	281	304	16	10	611	1	—	—	—	1	612
Prudhoe	72	57	6	4	139	—	1	—	—	1	140
Seaton Valley	322	321	7	16	666	6	5	1	—	12	678
Rural Districts											
Alnwick	66	68	6	2	142	—	—	—	—	—	142
Belford	23	15	—	3	41	—	—	—	—	—	41
Bellingham	34	27	2	3	66	—	—	—	—	—	66
Castle Ward	164	150	5	5	324	—	—	—	—	—	324
Glendale	16	29	5	1	51	—	—	—	—	—	51
Haltwhistle	30	38	4	3	75	—	—	—	—	—	75
Hexham	169	122	9	4	304	1	2	—	—	3	307
Morpeth	90	76	9	4	179	—	1	—	—	1	180
Norham and Islandshires	15	25	—	1	41	—	—	—	—	—	41
Rothbury	29	20	2	2	53	—	—	—	—	—	53
Totals	3,359	3,070	224	203	6,856	38	30	1	2	71	6,927

TABLE 6
INFANT DEATHS

County Districts	Live Births	First Year		First Month		First Week	
		Infant Deaths under 1 year	Infant Mortality Rate per 1,000 Live Births	Infant Deaths under 4 weeks of Age	Death Rate per 1,000 Live Births	Infant Deaths under 1 week of Age	Death Rate per 1,000 Live Births
<i>Boroughs:</i>							
Berwick	172	2	11.63	2	11.63	2	11.63
Blyth	584	3	5.14	2	3.42	1	1.71
Morpeth	142	5	35.21	4	28.17	4	28.17
Wallsend	684	9	13.16	7	10.23	4	5.85
Whitley Bay . .	434	5	11.52	3	6.91	3	6.91
<i>Urban Districts:</i>							
Alnwick	102	2	19.61	2	19.61	2	19.61
Amble	71	1	14.08	—	—	—	—
Ashington	424	6	14.15	5	11.79	5	11.79
Bedlingtonshire	342	7	20.47	4	11.70	3	8.77
Gosforth	331	6	18.13	4	12.08	3	9.06
Hexham	103	1	9.71	—	—	—	—
Longbenton . .	633	11	17.38	9	14.22	8	12.64
Newbiggin-by-the-Sea	142	2	14.08	2	14.08	1	7.04
Newburn	611	11	18.00	9	14.73	7	11.46
Prudhoe	139	3	21.58	3	21.58	3	21.58
Seaton Valley .	666	11	16.52	11	16.52	8	12.01
<i>Rural Districts:</i>							
Alnwick	142	4	28.17	2	14.08	2	14.08
Belford	41	1	24.39	1	24.39	1	24.39
Bellingham . . .	66	3	45.45	1	15.15	1	15.15
Castle Ward . . .	324	5	15.43	5	15.43	4	12.35
Glendale	51	—	—	—	—	—	—
Haltwhistle . . .	75	—	—	—	—	—	—
Hexham	304	3	9.87	3	9.87	1	3.29
Morpeth	179	4	22.35	3	16.76	2	11.17
Norham and Islandshires . .	41	—	—	—	—	—	—
Rothbury	53	1	18.87	—	—	—	—
Totals	6856	106	15.46	82	11.96	65	9.48

TABLE 7
CLASSIFICATION OF DEATHS (YEAR 1972)
ACCORDING TO DISEASE

	Boroughs and Urban Districts			Rural Districts			Total County		
	M	F	Total	M	F	Total	M	F	Total
Bacillary Dysentery Amoebiasis	1	—	1	—	—	—	1	—	1
Enteritis and other Diarrhoeal Diseases	4	1	5	—	—	—	4	1	5
Tuberculosis of Respiratory System	6	1	7	2	—	2	8	1	9
Late effects of Respiratory T.B.	1	—	1	2	—	2	3	—	3
Other Tuberculosis	—	—	—	1	—	1	1	—	1
Meningococcal Infection	—	—	—	1	—	1	1	—	1
Measles	2	—	2	—	—	—	2	—	2
Syphilis and its Sequelae	—	—	—	1	—	1	1	—	1
Other Infective and Parasitic Diseases	2	1	3	1	1	2	3	2	5
Malignant Neoplasm—									
Buccal Cavity etc.	8	8	16	3	3	6	11	11	22
Oesophagus	9	9	18	9	7	16	18	16	34
Stomach	78	51	129	17	11	28	95	62	157
Intestine	62	67	129	18	26	44	80	93	173
Larynx	4	3	7	2	—	2	6	3	9
Lung, Bronchus	282	46	328	55	17	72	337	63	400
Breast	1	66	67	—	23	23	1	89	90
Uterus	—	32	32	—	9	9	—	41	41
Prostate	20	—	20	11	—	11	31	—	31
Leukaemia	10	14	24	6	—	6	16	14	30
Other Malignant Neoplasms, etc.	117	124	241	29	37	66	146	161	307
Benign and Unspecified Neoplasms	7	8	15	1	3	4	8	11	19
Diabetes Mellitus	16	25	41	3	9	12	19	34	53
Avitaminoses, etc.	1	—	1	—	—	—	1	—	1
Other Endocrine etc. Diseases	4	4	8	3	4	7	7	8	15
Anaemias	3	9	12	2	2	4	5	11	16
Other Diseases of Blood, etc.	—	2	2	—	—	—	—	2	2
Mental Disorders	6	17	23	2	9	11	8	26	34
Meningitis	—	—	—	1	—	1	1	—	1
Multiple Sclerosis	3	2	5	—	1	1	3	3	6
Other Diseases of Nervous System, etc.	21	19	40	9	10	19	30	29	59
Acute Rheumatic Fever	—	—	—	—	1	1	—	1	1
Chronic Rheumatic Heart Disease	22	20	42	5	8	13	27	28	55
Hypertensive Disease	19	46	65	7	10	17	26	56	82
Ischaemic Heart Disease	810	557	1367	257	218	475	1067	775	1842
Other Forms of Heart Disease	88	124	212	25	41	66	113	165	278
Cerebrovascular Disease	319	374	693	150	203	353	469	577	1046
Other Diseases of Circulatory System	99	116	215	33	48	81	132	164	296
Influenza	10	12	22	5	6	11	15	18	33

Table 7.—Classification of Deaths Continued

	Boroughs and Urban Districts			Rural Districts			Total County		
	M	F	Total	M	F	Total	M	F	Total
Pneumonia	146	198	344	30	53	83	176	251	427
Bronchitis and Emphysema . . .	190	78	268	45	16	61	235	94	329
Asthma	10	7	17	4	—	4	14	7	21
Other Diseases of Respiratory System	19	10	29	5	5	10	24	15	39
Peptic Ulcer	21	15	36	10	2	12	31	17	48
Appendicitis	—	—	—	—	—	—	—	—	—
Intestinal Obstruction and Hernia	6	6	12	4	2	6	10	8	18
Cirrhosis of Liver	10	12	22	3	1	4	13	13	26
Other Diseases of Digestive System	21	27	48	13	7	20	34	34	68
Nephritis and Nephrosis	9	5	14	1	2	3	10	7	17
Hyperplasia of Prostate	9	—	9	3	—	3	12	—	12
Other Diseases, Genito—Urinary System	11	20	31	4	8	12	15	28	43
Other Complications of Pregnancy, etc.	—	1	1	—	—	—	—	1	1
Diseases of Skin, Subcutaneous Tissue	—	—	—	—	2	2	—	2	2
Diseases of Musculo—Skeletal System	5	7	12	2	4	6	7	11	18
Congenital Anomalies	24	20	44	9	3	12	33	23	56
Birth Injury, Difficult Labour, etc.	14	4	18	2	—	2	16	4	20
Other Causes of Peri-natal Mortality	13	6	19	1	1	2	14	7	21
Symptoms and Ill-defined Conditions	9	17	26	1	3	4	10	20	30
Motor Vehicle Accidents	29	16	45	7	5	12	36	21	57
All other Accidents	42	58	100	17	20	37	59	78	137
Suicide and Self-Inflicted Injuries	16	9	25	5	5	10	21	14	35
All other External Causes	3	4	7	1	1	2	4	5	9
Totals	2642	2278	4920	828	847	1675	3470	3125	6595

TABLE 8
DEATH RATES AND DEATHS FROM CANCER
(excluding Leukaemia and Aleukaemia)
YEARS 1943–1972

Year	Population	Number of Deaths	Rate per 1,000 Population
1943	397,740	686	1.72
1944	390,320	725	1.86
1945	392,510	725	1.84
1946	412,080	712	1.73
1947	417,510	740	1.77
1948	431,850	750	1.74
1949	436,370	796	1.82
1950	438,310	768	1.75
1951	437,600	797	1.82
1952	438,300	843	1.92
1953	440,600	836	1.89
1954	445,900	871	1.95
1955	453,000	870	1.92
1956	459,800	874	1.90
1957	463,900	866	1.87
1958	470,300	954	2.03
1959	475,000	904	1.90
1960	482,480	944	1.95
1961	480,530	929	1.93
1962	487,170	1,014	2.08
1963	491,200	977	1.99
1964	494,440	1,039	2.10
1965	498,430	1,072	2.15
1966	501,380	1,073	2.14
1967	504,200	1,004	1.99
1968	504,690	1,185	2.35
1969	510,300	1,192	2.34
1970	512,600	1,182	2.31
1971	505,720	1,218	2.41
1972	507,820	1,283	2.53

TABLE 9
TUBERCULOSIS
STATISTICS—YEARS 1943–1972

Year	Notifications			Deaths			Death Rate per 1,000 Population		
	Respiratory	Other Forms	All Forms	Respiratory	Other Forms	All Forms	Respiratory	Other Forms	All Forms
1943	458	125	583	202	50	252	0.51	0.13	0.64
1944	506	134	640	195	43	238	0.50	0.11	0.61
1945	608	127	735	186	47	233	0.47	0.12	0.59
1946	454	116	570	200	42	242	0.49	0.10	0.59
1947	439	125	564	186	39	225	0.44	0.09	0.53
1948	442	137	579	187	32	219	0.43	0.07	0.50
1949	506	104	610	160	26	186	0.37	0.06	0.43
1950	519	116	635	124	26	150	0.28	0.06	0.34
1951	523	87	610	105	18	123	0.24	0.04	0.28
1952	519	91	610	77	15	92	0.17	0.04	0.21
1953	480	111	591	71	12	83	0.16	0.03	0.19
1954	556	101	657	66	7	73	0.15	0.01	0.16
1955	564	79	643	67	8	75	0.15	0.02	0.17
1956	399	68	467	50	5	55	0.11	0.01	0.12
1957	356	69	425	26	7	33	0.06	0.01	0.07
1958	340	57	397	28	4	32	0.06	0.01	0.07
1959	309	35	344	20	4	24	0.04	0.01	0.05
1960	330	37	367	25	1	26	0.05	0.002	0.05
1961	284	49	333	27	4	31	0.06	0.008	0.06
1962	246	34	280	23	3	26	0.05	0.006	0.06
1963	224	36	260	24	5	29	0.05	0.01	0.06
1964	181	21	202	16	3	19	0.03	0.006	0.04
1965	181	28	209	17	1	18	0.03	0.002	0.04
1966	131	20	151	13	2	15	0.02	0.001	0.03
1967	105	16	121	13	1	14	0.02	0.002	0.03
1968	84	24	108	6	5	11	0.01	0.01	0.02
1969	67	9	76	14	2	16	0.03	0.004	0.03
1970	88	15	103	16	—	16	0.03	—	0.03
1971	61	9	70	12	1	13	0.02	0.002	0.03
1972	75	15	90	12	1	13	0.02	0.002	0.03

TABLE 10
NOTIFICATIONS AND MORTALITY AT SPECIFIED AGE PERIODS
DURING THE YEAR 1972

Age Periods	*New Cases						Deaths					
	Respiratory			Non-Respiratory			Respiratory			Non-Respiratory		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
0—												
1—												
5—	1	4	5									
15—	10	15	25	3	7	10	2	—	2	—	—	—
45—	21	4	25	1	2	3	1	—	1	—	—	—
65 and upwards ...	19	1	20	1	1	2	8	1	9	1	—	1
Totals	51	24	75	5	10	15	11	1	12	1	—	1

*Includes new cases coming to the knowledge of the County Medical Officer other than by formal notification.

TABLE 11

CHIROPODY

Service	Number of Patients Treated	NUMBER OF TREATMENTS												Welfare Homes	Total
		Domiciliary						Clinic							
		Expect- ant Mothers	School Children	Elderly		Handicapped		School Children	Expect- ant Mothers	Elderly		Handicapped			
				M	F	M	F			M	F	M	F		
County Chiropodists	7,702	3	20	3,061	10,723	528	1,050	1	1,743	2,784	9,743	115	266	—	30,037
County Welfare Homes	898	—	—	—	—	—	—	—	—	—	—	—	—	3,899	3,899
Voluntary Service	4,239	—	—	999	3,625	—	—	—	—	2,603	9,779	—	—	—	17,006
Totals: 1972	12,839	3	20	4,060	14,348	528	1,050	1	1,743	5,387	19,522	115	266	3,899	50,942
Totals: 1971	11,788	1	2	3,129	11,738	386	878	7	5	4,479	17,172	128	224	4,154	42,303

TABLE 12

Attendances at Ante-Natal Relaxation Classes

Clinic	Attendances		No. of ½ day sessions
	1st Visits	Revisits	
Acklington	6	15	8
Alnwick	39	194	51
Ashington	65	464	47
Bedlington, (Oval).	42	226	48
Blyth	118	744	57
Chapel House	61	371	44
Cramlington	109	463	49
Fordley	13	41	18
Forest Hall	42	194	42
Gosforth	94	691	47
Guide Post	18	105	31
† Haltwhistle	19	30	18
Hexham	48	240	37
Longbenton	37	193	44
Monkseaton	113	446	41
Morpeth	51	382	48
Newbiggin-by-the-Sea	34	171	47
Newbiggin Hall	35	216	47
Ponteland	54	271	44
† * Prudhoe (West Wylam)	50	162	26
Seaton Delaval	46	136	45
† South Broomhill	8	16	10
Shiremoor	27	132	36
Throckley	31	152	47
Tweedmouth	60	320	50
Whitley Bay	15	66	17
† Widdrington	7	30	14
Woodlands Park	68	273	48
Totals	1,310	6,744	1,061

† * This clinic is held by midwives and health visitors.

† These clinics held by health visitors.

Remaining clinics held by physiotherapists.

TABLE 13

Dental Services for Expectant and Nursing Mothers and Children under 5 years

Part A.—Attendances and Treatment:

Number of Visits for Treatment During Year:

	Children 0-4 (incl.)	Expectant and Nursing Mothers
First Visit	1,099	317
Subsequent Visits	896	741
Total Visits	1,995	1,058
Number of Additional Courses of Treatment other than the First Course commenced during the year	123	53
Treatment provided during the year —		
Number of Fillings	1,022	547
Teeth Filled	962	493
Teeth Extracted	1,123	342
General Anaesthetics given	344	36
Emergency Visits by Patients	49	24
Patients X-rayed	7	36
Patients Treated for Scaling and/or Removal of Stains from the teeth (Prophy- laxis)	482	254
Teeth Otherwise Conserved	232	—
Teeth Root Filled	—	1
Inlays	—	2
Crowns	—	3
Number of Courses of Treatment completed during the Year	1,143	280

Part B.—Prosthetics:

Patients Supplied with Full Upper or Full Lower (First Time)	—	31
Patients supplied with Other Dentures	—	46
Number of Dentures Supplied	—	121

Part C.—Anaesthetics:

General Anaesthetics Admin-
istered by Dental Officers Nil

Part D.—Inspections

	Children 0–4 (incl.)		Expectant and Nursing Mothers	
Number of Patients given First Inspections During year	A	1935	D	347
Number of Patients in A and D above who required Treatment	B	1160	E	328
Number of Patients in B and E above who were offered Treatment	C	1148	F	327
Number of Patients Re-inspected during year	J	244	K	60

Part E.—Sessions

*Number of Dental Officer Sessions(i.e. Equivalent
Complete Half Days) Devoted to Maternity and
Child Welfare Patients:*

For Treatment 381
For Health Education 4

TABLE 14

Vaccination and Immunisation

Completed Primary Courses—Number of persons under age 16

Type of vaccine or dose	Year of Birth					Others Under age 16	Total 1972	Total 1971
	1972	1971	1970	1969	1965- 1968			
Diphtheria/Tetanus/ Whooping Cough	174	5,250	790	51	90	20	6,375	5,983
Diphtheria/W/Cough . .	—	—	—	—	—	—	—	9
Diphtheria/Tetanus . . .	2	7	12	6	189	19	235	266
Diphtheria only	—	1	—	—	1	4	6	5
Tetanus	—	1	2	1	4	349	357	1,146
Poliomyelitis	166	5,220	818	60	282	112	6,658	6,811
Measles	20	2,524	1,600	290	399	18	4,851	4,580
Rubella	—	—	—	—	—	4,240	4,240	3,379

Reinforcing Doses

Type of vaccine or dose	Year of Birth					Others Under age 16	Total 1972	Total 1971
	1972	1971	1970	1969	1965- 1968			
Diphtheria/Tetanus/ Whooping Cough	—	4	27	6	259	19	315	1,266
Diphtheria/W/Cough . .	—	—	—	—	4	—	4	29
Diphtheria/Tetanus . . .	2	4	32	21	5,398	278	5,735	5,642
Diphtheria only	—	—	—	—	3	31	34	14
Tetanus	2	1	11	19	153	2,242	2,428	1,609
Poliomyelitis	2	11	58	22	5,733	3,131	8,957	9,266

TABLE 15

Ambulance Service—

Service	Total Mileage
Direct	1,474,941
British Red Cross Society	217,872
St. John Ambulance Brigade	47,229
Agents (including 'Bus Operators)	121,273
Total Ambulances	1,861,315
Ambulance Car Service	336,289
Total Service	2,197,604

TABLE 16
AMBULANCE SERVICE—STATISTICS

Stations	Vehicles	Journeys	Patients	Mileage
Alnwick	3	1,513	6,164	79,729
Ashington	6	6,643	25,518	155,072
Bedlington	5	3,751	15,732	105,059
Berwick	3	1,868	7,585	87,397
Blyth	4	3,684	14,953	100,958
Broomhill	3	1,713	7,937	91,650
Morpeth	4	2,583	12,631	94,319
Prudhoe	1	483	4,782	23,004
Seaton Delaval	4	3,416	14,443	111,984
Throckley	6	5,551	36,119	190,012
Wallsend	4	5,458	22,485	107,168
Whitley Bay	4	4,434	23,896	114,157
Wideopen	7	5,807	35,087	214,432
<i>Agency Services</i>				
Smith's, Rothbury	2	1,129	3,847	66,083
British Red Cross Society .	9	4,499	22,776	217,872
St. John Ambulance Brigade	2	1,077	6,458	47,229
Private Bus Operators	2	1,007	8,313	55,190
	69	54,616	268,726	1,861,315
Car Operators	55	7,123	30,622	336,289

Details of Persons Carried

Year	Accident and Emergency Stretcher Cases	Accident and Emergency Other Cases	Treatment (Including Maternity Cases)	Others	Total Patients Carried	Relatives Carried	Total Number of Persons Carried
1967	6,022	5,678	206,121	8,833	226,654	57,137	283,791
1968	6,361	5,610	215,130	9,169	236,270	56,653	292,923
1969	6,441	5,867	222,163	10,160	244,631	58,021	302,652
1970	6,307	5,560	215,039	11,721	238,627	50,534	289,161
1971	6,826	5,534	241,218	13,703	260,310	52,358	312,668
1972	7,766	7,632	244,747	15,217	268,726	53,311	322,037

TABLE 17
HOUSING

County Districts	New Houses Completed During 1972				Total 1971
	Local Authority	Other Housing Authority	Private	Total	
<i>Municipal Boroughs—</i>					
Berwick	—	—	4	4	149
Blyth	90	—	303	393	544
Morpeth	13	—	62	75	86
Wallsend	149	—	12	161	253
Whitley Bay	8	28	41	77	68
<i>Urban Districts—</i>					
Alnwick	28	—	46	74	38
Amble	31	—	1	32	91
Ashington	—	—	—	—	—
Bedlingtonshire	—	—	7	7	19
Gosforth	—	—	9	9	87
Hexham	43	—	53	96	4
Longbenton	270	—	221	491	591
Newbiggin-by-the-Sea	—	—	—	—	73
Newburn	21	—	345	366	363
Prudhoe	—	—	35	35	92
Seaton Valley	105	95	607	807	845
Boroughs and Urban Districts Total	758	123	1,746	2,627	3,303
<i>Rural Districts—</i>					
Alnwick	—	68	12	80	11
Belford	—	—	27	27	33
Bellingham	11	—	4	15	37
Castle Ward	2	—	208	210	197
Glendale	—	—	—	—	3
Haltwhistle	16	—	10	26	2
Hexham	54	—	72	126	156
Morpeth	10	—	72	82	182
Norham and Islandshires	9	—	6	15	7
Rothbury	—	—	1	1	6
Rural Districts Total	102	68	412	582	634
Totals	860	191	2,158	3,209	3,937

TABLE 18
SLUM CLEARANCE

County Districts	Formal Action		Discontinued Informally	Total Discontinued
	Demolished	Closed not Demolished		
<i>Municipal Boroughs—</i>				
Berwick	—	13	44	57
Blyth	7	8	—	15
Morpeth	1	3	—	4
Wallsend	203	9	1	213
Whitley Bay	—	1	—	1
<i>Urban Districts—</i>				
Alnwick	22	4	—	26
Amble	—	—	—	—
Ashington	—	3	—	3
Bedlingtonshire	39	12	47	98
Gosforth	—	1	—	1
Hexham	5	1	—	6
Longbenton	—	—	57	57
Newbiggin-by-the-Sea	10	—	—	10
Newburn	53	7	—	60
Prudhoe	4	3	1	8
Seaton Valley	28	—	3	31
Boroughs and Urban Districts Total	372	65	153	590
<i>Rural Districts—</i>				
Alnwick	59	—	—	59
Belford	—	—	—	—
Bellingham	—	2	—	2
Castle Ward	1	—	—	1
Glendale	4	—	10	14
Haltwhistle	—	—	—	—
Hexham	4	2	2	8
Morpeth	—	—	3	3
Norham and Islandshires	—	—	3	3
Rothbury	—	4	1	5
Rural Districts Total	68	8	19	95
Totals	440	73	172	685

TABLE 19
IMPROVEMENT GRANTS

County Districts	Discretionary Grants				Standard Grants made During Year	Council Houses Improved During Year
	Applications Submitted		Works Completed			
	In G.I.A.'s	Others	In G.I.A.'s	Others		
<i>Municipal Boroughs—</i>						
Berwick	21	118	22	38	3	607
Blyth	6	180	5	105	28	166
Morpeth	—	129	—	76	—	1
Wallsend	21	370	9	298	6	72
Whitley Bay	17	430	1	86	30	27
<i>Urban Districts—</i>						
Alnwick	—	42	—	15	—	30
Amble	—	160	—	40	3	3
Ashington	—	263	—	175	9	95
Bedlingtonshire	—	387	—	216	4	111
Gosforth	—	175	—	66	11	20
Hexham	—	67	—	54	—	38
Longbenton	8	294	—	173	8	212
Newbiggin-by-the-Sea	—	145	—	98	7	2
Newburn	—	78	—	35	54	62
Prudhoe	5	106	8	60	11	55
Seaton Valley	120	230	91	97	5	746
Boroughs and Urban Districts Total	198	3,174	136	1,632	179	2,247
<i>Rural Districts—</i>						
Alnwick	—	185	—	65	8	16
Belford	—	82	—	31	—	19
Bellingham	39	—	26	—	14	—
Castle Ward	—	100	—	41	5	96
Glendale	—	56	—	29	2	—
Haltwhistle	—	97	—	55	3	—
Hexham	—	213	—	119	31	38
Morpeth	—	198	—	70	6	16
Norham and Islandshires	—	34	—	28	—	56
Rothbury	—	79	—	20	—	—
Rural Districts Total	39	1,044	26	458	69	241
Totals	237	4,218	162	2,090	248	2,488

STANDARD GRANTS
NUMBER OF HOUSES PROVIDED WITH

	Bath or Shower	Washhand Basin	Hot Water Supply	W.C.	Sink
1972	154	169	147	254	65
Total to date	2,526	2,714	2,546	3,343	840

